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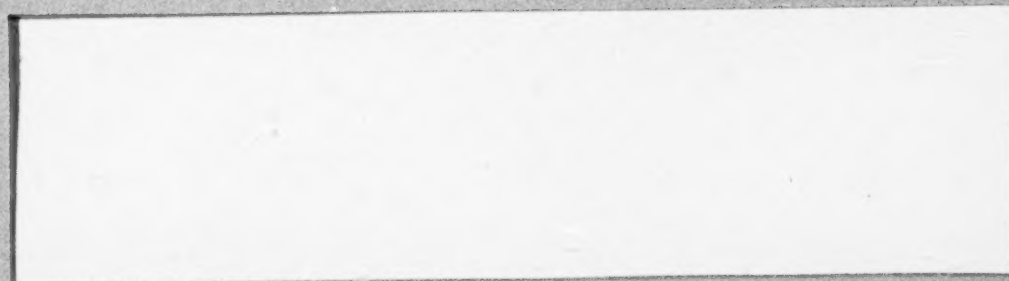
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ABSTRACT

University graduate students worked as counselors with delinquent prone youths to develop and define means of identifying and re-orienting delinquent prone youths in a high school community setting. Diagnostic and evaluative instruments and techniques used included the computer analyzed Minnesota Multiphasic Personality Inventory (MMPI) and the Multiple Linear Regression Analysis of selected MMPI data. Seven case studies conducted within a classification and treatment methodology referred to as differential treatment were presented. The case studies consisted of differential treatment of a pre-delinquent youth using social reinforcement, application of a token economy system to modify effeminate dress behavior, differential treatment of a pre-delinquent high school girl, differential treatment of drug abuse, conditioning school attendance in a pre-delinquent juvenile with token and social reinforcement, application of composite methods to treatment of a pre-delinquent high school girl, and transactional analysis treatment of a delinquent-prone youth. (CB)

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AN EXPERIMENT IN DELINQUENCY PREVENTION AND
CONTROL

by

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U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION

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STATE OF ILLINOIS
BOARD OF VOCATIONAL EDUCATION AND REHABILITATION
DIVISION OF VOCATIONAL AND TECHNICAL EDUCATION
RESEARCH AND DEVELOPMENT UNIT

ABSTRACT

This report covers the activities of a three year program aimed at developing and defining means of identifying and re-orienting delinquent-prone youths in a high school-community setting. The project design follows the "Practice as Research" model: using university graduate students as "Big Brother" type counselors to work with delinquent-prone youths, efforts were made to effect appropriate behavioral changes in the subject population; concurrently, certain research procedures were employed which produced data relevant to the practice itself and provide promising implications for the construction of a curriculum of training for professional careers in corrections, rehabilitation, and education. The objectives of both the "practice" and "research" aspects of the project model were advanced.

The diagnostic and evaluative instruments and techniques that were used included the computer analyzed Minnesota Multiphasic Personality Inventory (MMPI) and the Multiple Linear Regression Analysis of selected MMPI data. The individual case study method was used and reported as well. Project activities were conducted within a classification and treatment methodology referred to as Differential Treatment.

The graduate students of the behavioral and social sciences received instruction in some counseling techniques based on the Experimental Analysis of Behavior, Reality Therapy, and the Development of Human Potential. The graduate student counselors experimented with various procedures. These counselors were trained in appropriate methods and in methods of marshaling community resources to further delinquency intervention objectives. Evidence emerged that this kind of activity can be a valuable learning experience for students preparing for careers in corrections, vocational counseling, education, or community agency work.

ACKNOWLEDGMENTS

It would be impossible to mention all of the many factors that were integrated in order to initiate and maintain the project reported here. However, it is possible to identify certain resources which had a decisive influence on the implementation and outcome of this experiment.

I would like to acknowledge the administration of the Carbondale Community High Schools; particularly the Superintendent, William Holder, who was steadfastly cooperative and encouraging. Mr. Holder was supported by two exceptionally competent principals, Mr. Gerald Cuendet and Mr. George Kuhn. It was at Mr. Kuhn's high school that the pilot study for this work was carried out three years ago. Because of Mr. Kuhn's willingness to experiment with progressive ideas in education, the foundation for this project was established.

The guidance and psychological staff of the Carbondale high schools, together with the Department of Pupil and Personnel Services were consistently helpful and efficient in administering project functions.

Several departments of Southern Illinois University (SIU) at Carbondale, played a crucial role in maintaining project operations. The Delinquency Intervention Project was operated under the aegis of the Center for the Study of Crime, Delinquency, and Corrections, S.I.U. This Center provided the day by day resources necessary to the success of the project. Several members of the Educational Research Bureau, S.I.U., Jack Kelly, Dave Miles and John Byrne, were particularly helpful consultants regarding project evaluation.

Special recognition is due the thirty-one graduate students who worked as project counselors during the years of the project. Some of the work done by the graduate students is reported in case studies which appear in Chapter Six of this paper.

The Office of Research and Projects, S.I.U., was most helpful in the areas of proposal processing and fiscal management.

In conclusion, it certainly goes without saying that we are uniquely grateful to the Research and Development Unit of the Department of Public Instruction, State of Illinois, whose financial support made this work possible.

Richard Pooley
Project Director

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INTRODUCTION

The Delinquency Intervention Program (D.I.P.) in the Carbondale Community High School was conducted for approximately three years and supported by the Research and Development Unit of the Illinois Department of Public Instruction. The project was operated under the aegis of the Center for the Study of Crime, Delinquency, and Corrections, Southern Illinois University at Carbondale and the Carbondale Community High School, District #165. The project maintained a case load of about fifty-five delinquent-prone students per year serving a total of approximately 150 during the total project interval. Furthermore, the project provided the opportunity to train thirty-one university graduate students in advanced concepts of delinquency prevention and control.

The project was directed toward discovering and developing means for the identification and reorientation of delinquent-prone youths in a high school and community setting. The project employs a practice-as-research design. We attempted to induce appropriate behavior changes among our subject population by pairing pre-delinquent young people with university graduate students. The graduate students function as "big brother" counselors, "intervening" to help the subjects devise new ways of approaching vocational, social, and personal difficulties.

One of our convictions upon entering into our research was that many delinquents view all their problems, regardless of source, as a "jumble," i.e., all inter-related and insoluble. Graduate counselors provide structure and stratagem by delineating specific areas for improvement. Once our subjects begin to think in terms of specific problem resolution, and finally of means to successfully structure efforts toward desirable goals, it is expected that the student will experience increasing degrees of success.

Actual "practice"--working in the subject's natural setting--provides experience and insight which few graduate students can glean from formal course work. And, of course, "research" frequently lacks relevance unless it can be tied to the "real world" where graduates interested in professional careers in corrections, rehabilitation, and education intend to work.

Counselors, who were recruited from almost all behavioral and social science disciplines, experimented with several theoretical orientations. However, project activities were conducted within a classification and treatment methodology referred to as Differential Treatment. Appropriate reporting methods were stressed, as were proper ways of marshaling community resources to further delinquency intervention objectives.

Although our main task was to discover methods which effectively rehabilitate delinquent behavior, we feel that

we also succeeded in a subsidiary goal to recruit and provide valuable learning experience for university graduate students preparing for careers in mental health, corrections, vocational counseling, education, and community agency work.

I. The Problem

In recent years our society has experienced an increase in criminal behavior in general, and juvenile delinquency in particular. The educational system is an institution that can and should direct some of its energies toward correcting maladaptive behavior among young people. Unfortunately, the schools have not developed systems to reverse the increasing trends of anti-social behavior among students. The behavior referred to here may manifest itself in a variety of forms such as truancy, fighting, stealing, underachievement, rebellion, drug abuse, and a general disrespect for others and their property.

Traditionally, behavior problems in the school have been handled with punishment such as suspension from school, a disciplinary report to the parents or other forms of aversive control. Such methods tend to discourage the troubled youth and increase the probability of his failure.

The President's Commission Task Force Report: Juvenile Delinquency and Youth Crime (1967) has pointed out that "there is mounting evidence that delinquency and failure in school are correlated." The report states:

Failure in School and Delinquency: The Downward Spiral of Failure. When the school system is not adequately equipped to meet the early learning problems a child brings to school with him, a cycle of deterioration and failure may be set in motion. As the youngster is "promoted" from grade to grade to keep him with his age mates but before he has really mastered his tasks, failure becomes cumulative. While he may have been only half a year behind the average in fourth grade, for example, recent evidence shows that the achievement gap may widen to three-quarters of a year by sixth grade and to one-and-one-quarter years by eighth grade.

The school failure, especially if he has developed a tough, indifferent facade, may give the impression that he does not care about his conspicuous failure to "make out" in school. In fact he probably cares a great deal, and even if the academic failure itself does not much matter to him, the loss of others' esteem does. He finds himself labeled a slow learner or a "goof-off." The school typically reacts to his failure with measures that reinforce his rejection: by assigning him to a special class for slow students, by excluding him from participation in extracurricular activities, by overlooking him in assigning prestigious school tasks and responsibilities.

The child, in self-defense, reacts against the school, perhaps openly rebelling against its demands. He and others like him seek each other out. Unable to succeed in being educated, they cannot afford to admit that education is important. Unwilling to accept the school's humiliating evaluation of them, they begin to flaunt its standards and reject its long-range goals in favor of conduct more immediately gratifying.

That conduct may not at first be seriously delinquent, but it represents a push toward more destructive and criminal patterns of behavior. Moreover, it takes forms, such as repeated truancy, that end hope of improved academic achievement. It may lead to dropping out of school.

The school system, however, is not the only villain to troubled youth. The families that spawned these angry youths may themselves be an environment where deviance is nurtured

by social conditioning. Autocratic families that rule with absolute power often block the child's attempts to assert himself when necessary. Then the child may move toward aggression and violence in his fight against what he considers to be an irrational authority. The inevitable defeat in this fight against authority constitutes the kernel of neurosis. Consequently, the young person may bring to school a history of frustration and defeat which often manifests itself in a generalized anger toward all authority figures.

At the other end of the spectrum are those families who have no discipline. The children of such families are often neglected, and inept. They feel unloved and rejected and they look to the school for acceptance and a sense of identity. They hope or expect the school to fill the emotional voids in them. At school they are often met with more rejection and humiliation because their social and academic skills are deficient. Consequently, the downward spiral of failure is maintained.

The school system can and should discover methods of treating troubled youths in a positive framework that causes the young person to experience success, develop a positive self-concept, and learn socially acceptable ways to assert himself and fulfill his needs.

The study of human learning, social psychology, and several schools of psychotherapy have established methods of mediating behavior and emotional problems among young

people that are easily learned and administered. It is a problem of re-education. First school teachers and administrators should be re-educated in the use of advanced treatment methods. Then the troubled youth may be re-educated toward higher levels of functioning and success.

The previously mentioned Task Force report goes on to point out:

The way in which the school responds to early signs of misbehavior may have a profound influence in either diverting the youngster from or propelling him along the path to a delinquent career. Not all teachers have trouble with "difficult" youngsters. Some, especially sensitive to what lies behind insolence and disobedience, adopt a firm but positive attitude that allows the task of learning to be carried on, if not always under placid conditions.

The objectives of this experiment in delinquency intervention is to discover ways to establish advanced methods of treatment for troubled youth within existing school systems. The practice-as-research approach to the problem provides two additional benefits: (1) The project provides a competent rehabilitation service to the youth of the school; and (2) The project provides an action setting for the training of change-agents for the future.

II. Objectives

The concern of this project centered on five objectives.

They are:

1. To identify the educational needs of drop-out-prone high school students.
2. To design educational strategies that will cause delinquent-prone youth to become aware of educational and vocational alternatives that are open to them.

3. To train personnel (teachers, administrators, counselors and university graduate students) in the strategy of program design and implementation for the treatment of delinquent-prone youths.
4. To provide an opportunity to interact with delinquent and pre-delinquent youths, in an attempt to rehabilitate them.
5. To teach the youths methods of identifying and coping with vocational, social and personal difficulties.

The practice-as-research model on which this program is structured provides the highly flexible experimental framework needed to pursue all the objectives stated above. First among these, of course, is the practical and direct intervention in delinquent behavior patterns that are at an incipient stage of development among some high school students. This objective is being met by "big brother" type counseling procedures aimed at shaping behavioral responses in the direction of improved adjustment.

Another objective was a commitment to develop a curriculum designed to prepare change-agents to work in community-based correctional programs, existing school systems and human service agencies. This objective was approached from at least three directions. First, an energetic search of the relevant literature was maintained. This includes not only a survey of the experiences and findings that have been reported over past years but also a careful scanning of current professional journals

and agency publications that bear upon the problems with which we are concerned. Useful and informative materials are then excerpted, digested or expanded when appropriate, and distributed to the graduate student counselors for discussion and for practical application to specific cases. This activity resulted in a compendium of tested procedures which are illustrated by specific case histories of project subjects (see Section VI of this report). Moreover a handbook (Pooley, et. al. 1970) was developed for project staff training and reference. It may be used as a guidebook or manual to serve others who are engaged in delinquency intervention elsewhere. There is a very real need for a tool of this kind and a major objective of our continued Delinquency Intervention activity will be the refinement of such a tool and the thorough testing of it in practical application.

III. Related Research

It was shown earlier that the problems of delinquency are adequately explained in the Task Force Report: Juvenile Delinquency and Youth Crime (President's Commission 1967).

It remains here to support the design of a program which assigns itself to solving some of the problems stated earlier.

The approach that the project takes to problem solving borrows from the "practice-as-research" model emphasized by Goldiamond, Dyrud and Miller (1965). This approach requires that the environment and events be defined in functional

terms in order to isolate problem areas. The treatment consists of designing an intervention where the behaviors and environmental factors are maintaining the problem. Then a program is designed to treat each individual case. A program merely consists of a systematically arranged sequence of procedures and behavioral requirements.

Requirements for individual treatment may vary widely. Consequently some method of classification must be used. To meet this need we have borrowed from a classification system developed by Herbert Quay and his colleagues (Quay and Parsons 1970; Gerard, 1970 & Bureau of Prisons 1970). The classification system identifies delinquent youths to belong to one of five Behavior Categories (BC). For each Behavior Category a set of treatment objectives and behaviors is specified. Dr. Quay's original work specified only four Behavior Categories. However practical application in a juvenile institution (Gerard 1970; Bureau of Prisons 1970) revealed that a significant number of the youth, were a combination of BC-1 and BC-4 consequently a new category BC-5 was invented together with an appropriate treatment methodology. The method of classification and treatment mentioned above has been in practice at the Robert F. Kennedy Youth Center, Morgantown, West Virginia in recent years. Three assessment techniques developed by Quay and his colleagues are used at Morgantown to obtain a behavioral

diagnosis of each youth at the institution. These instruments yield quantitative scores on four behavioral dimensions. These dimensions are referred to as Behavior Categories (BC):

- (1) BC-1 (immature)
- (2) BC-2 (neurotic)
- (3) BC-3 (psychopathic)
- (4) BC-4 (subcultural)
- (5) BC-5 (subcategory of BC-1 and 4)

During the first year of the D.I.P. project the Quay instruments were not available and we had been using the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway & McKinley) as a diagnostic and treatment tool. MMPI data on project subjects was processed through the computer system of the Institute of Clinical Analysis (ICA), Glendale, California. This procedure provided an MMPI-ICA computer report on each subject tested. These data together with information regarding the Quay classification and treatment system enabled us to establish a method of classifying students into the Behavior Categories (Pooley et. al. 1970) using the MMPI-ICA computer print-out report. The consequent classification into the Quay Behavior Categories allowed us to administer the treatment specified by the Differential Treatment Strategy developed by Quay and his colleagues. Examples of this process are presented in another section of this report. Specific cases are presented there in detail. Each case is presented within a theoretical framework implied by the particular BC treatment objectives. The counselor's

judgment and training will, of course, influence the counseling strategy as well. Consequently the theoretical orientation for each case is an individual matter. The relevant research with respect to each of the example cases is presented within the text of experiments or case studies written by the counselors and appearing in the "Results" section of this paper.

IV. Project Design

Successful implementation of a project such as this requires cooperation between research-treatment team and the high school administration and faculty. Consequently, the first step is to come to an agreement as to (1) who will be served by the project, (2) how will the individuals be referred to the project, (3) under what conditions will treatment occur (i.e. in most cases it is undesirable to remove a student from an academic class to conduct counseling on a regular basis), (4) a fourth concern is that members of the high school staff are in reasonable agreement as to what the project is all about and that it is a desirable function.

In order to accomplish the above steps, meetings were conducted with the high school administrators and staff. A criterion for referral to the project was established. It was decided that the students who were on probation and parole be referred to the project. It was also decided that students who have a recent history of truancy, disruptive behavior, rebelliousness, and other forms of social deviance be referred

to the project. Although many of the students referred were deficient academically, this was not a primary criterion for referral. The primary criterion was some evidence of, or propensity toward delinquent behavior.

The next step was to inform the teachers and administrators of the referral procedure and to request that they submit names of potential subjects to the Guidance Department for consideration for treatment. As the students were referred to the Delinquency Intervention Project, a project representative was assigned to gather background data on the student and a detailed investigation of the student's behavior and performance was conducted. This baseline information was used to determine whether the student is truly delinquent-prone rather than merely a normal assertive adolescent or a problem for special education. Students who appeared to be delinquent-prone were assigned to one of the University graduate student counselors who had been recruited from the behavioral and social science disciplines to staff the project. The counselor's immediate objective was to establish rapport with the student, explain the project to him, and to obtain permission from his parents to administer the MMPI. After all concerned agreed to this process, the MMPI was administered and the results were sent to the Institute for Clinical Analysis in Glendale, California for processing. Meanwhile, the graduate student counselor continued to meet with the student and began to make certain

behavioral assessments that would later be used for classification into a BC category. Each meeting with a student was summarized on a project report from (Appendix I). Within two weeks the Clinical Analysis computer print-out was made available for diagnostic purposes. Using the behavioral data collected during the initial interviews, together with the MMPI-ICA print-out, the student was classified into a behavior category according to the procedures outlined in "A Manual for Delinquency Intervention Counselors" (Pooley et. al. 1970). The counselor then developed a counseling strategy in accordance with the differential treatment objectives specified for the Behavior Category. He was expected to develop his counseling strategy based on a sound theoretical orientation and method of practice. Exactly what theoretical framework to be used was determined by the counselor after he classified the student into a (BC) category and had reviewed the behavioral data available on the student. Counseling, then, continued on regular intervals for the remainder of the school year. Modifications in the counseling approach were made when desired outcomes were not being reached. Furthermore, a variety of community resources may be brought to bear while attempting to help the student. At times it was even appropriate to directly intervene in legal matters that the student may have become involved in. For example, if a student were to be apprehended for a delinquent act, the counselor may

choose to do what he can for the student while he is in process by the law enforcement agencies or the courts. On several occasions we have been able to make recommendations to these agencies that would prevent adjudication and at the same time provide the necessary rehabilitative measures. It is a fundamental assumption to this project that it is desirable to prevent the youth from being committed to an institution whenever possible.

In some cases, it was believed necessary to conduct some form of intervention within the family. When this was deemed appropriate, group counseling was arranged and administered. This procedure proved to be very effective in mediating family disfunctions that were maintaining the delinquency tendency.

By pairing pre-delinquent people with University graduate students from the Behavioral and Social Sciences and employing a big brother--big sister approach, it has been demonstrated that appropriate behavior changes among the subject population can be affected. The graduate counselors (change-agents) teach the high school students successful ways of approaching vocational, social and personal difficulties and provide structure and strategy by delineating specific areas for improvement. Once the subject learns to think in terms of specific problem resolution and to effectively structure efforts toward desirable goals, it is believed that subjects will consequently experience increasing degrees of success. The increasing degrees of success will tend to reverse the downward spiral of failure.

Near the end of the school year, the subjects are again administered the MMPI. These data are processed and compared to the pre-test data and a variety of procedures for evaluation were employed. The evaluation process is explained in the following section.

V. Evaluation Procedure

Two methods of appraising project effectiveness were used. A statistical analysis was conducted on a sample of the project subjects to evaluate the project in general. More specifically the project was evaluated by examining individual case studies and/or experiments.

In order to test the effectiveness of the project in general a sample of 37 subjects was selected. The criterion for selection was (1) those students who were in the project during the final years, (2) those students who provided pre & post test data (we were unable to test some students on the pre and/or post test because the student or his parents would not cooperate). Within this sample of 37 subjects, 13 subjects were pre and post tested but did not receive project treatment for one or more reasons (i.e., they refused to be treated; the counselor assigned to them quit the project after a short stay; they were referred to the project and tested but not treated due to shortage of project staff). Consequently the untreated group of 13 subjects served as a control.

The situation of this analysis is, then, that we have 37 subjects ($N = 37$). Group one consists of 24 subjects who received project treatment. Group two consists of 13 subjects who did not receive project treatment. This is not to be interpreted to mean that we treated only 24 subjects in all. We treated many more. It happens that some of the subjects or their parents simply refused to consent to MMPI testing. They did not, however, object to receiving treatment. We respect the person's human rights on this issue and offered treatment using other methods of measurement such as those used in the Experimental Analysis of Behavior. Some examples of this approach are presented in the individual studies appearing in this report. Our concern here is the statistical analysis of 37 subjects.

The data analyzed is pre and post MMPI results on four scales. They are: (1) The MI (Multiphasic Index or emotional temperature). The MI scale is a holistic indicator of the degree of the subjects emotional disorder. (2) Clinical scales Pd-4, Sc-8 and Ma-9 were also analyzed independently. These three scales are indicators of delinquency tendency and when considered with respect to one another constitute a delinquency triad. A more detailed interpretation of the scales analyzed is included in Appendix II.

The data was subjected to a Multiple Linear Regression Analysis (Kelly, Beggs & McNeil, 1969) using the MMPI scores as criterion and predictor variables.

Three regression models were built and tested. Model 1 or the full model is:

$$(1) \quad Y_2 = a_1U_1 + a_2U_2 + b_1X_1 + b_2X_1$$

where:

Y_2 = Post test score (criterion)
 a_1 = Y intercept (weight) associated w/treatment groups
 a_2 = Y intercept (weight) associated w/control group
 b_1 = Slope of regression line for treatment group
 b_2 = Slope of regression line for control group
 X_1 = Pretest scores
 U = Defines group membership

Model one will allow the regression lines to intersect because it provides for the slopes of the lines to differ.

The first restriction consists of causing the slopes to be equal. The restriction is; $b_1 = b_2 = b_3$ and the first restricted model is:

$$(2) \quad Y_2 = a_1U_1 + a_2U_2 + b_3X_1$$

Model (1) will provide information concerning the point at which interaction occurs between the criterion and predictor variable. The F ratio resulting from comparing Model (1) and Model (2) will provide information concerning the significance of the interaction. Consequently we can determine at what levels or across what range of predictor scores that treatment is appropriate.

The next step is to place a restriction on Model 2 whereby the Y intercepts of the regression lines are equal resulting in a single regression line for both groups. The restriction is: $a_1 = a_2 = a_3$ and the second restricted model becomes:

$$(3) \quad Y_2 = a_3 U_0 + b_3 X_1$$

The F ratio resulting from comparing models (2) and (3) will provide information concerning the significance of the difference between the two groups together with a statement concerning the probability of such a difference occurring by chance.

The second method of appraisal was the examination of individual cases. The method here is that the counselor carefully reviews his activities while treating the subject. He then analyzes the chronology of the events within the context of a specific case and prepares a written report together with empirical and subjective data pertinent to the case. The report may also include a critique of the process of treatment. Such information is useful to others who may wish to initiate a similar project elsewhere. Furthermore, case study reports may provide guidelines for others who are practicing counseling in a variety of settings.

Several examples of case study reports are included in the second part of the "Results" section of this paper. Evaluations of the project as a learning experience written by the project counselors are included as well.

VI. Results

The first part of this section presents the results of a multiple linear regression analysis of pre and post test MMPI scores on the MI scale and clinical scales 4, 8, and 9 (see Appendix for interpretation of these scales). The results are individually reported for each scale in the form of a statement concerning interaction between the predictor variable (pre-test) and the criterion variable (post-test). Secondly, a statement will be made regarding the change in pre and post test mean scores. The direction of change will be specified together with a probability statement of significance.

The second part of this section consists of several case studies or experiment reports that were prepared by D.I.P. counselors on individual subjects. Each report is documented with respect to the theoretical orientation(s) used. The specific results obtained within the context of the individual cases are also reported.

The third part of this section is the subjective evaluations by the counselors of the D.I.P. experience. One of the objectives of this project was to provide a setting wherein graduate students would receive a learning experience in a "real world" situation that is relevant to their career objectives. The last part of this section is examples of the feedback provided by graduate students who worked with the project.

Multiple Linear Regression Analyses

1. MI scale: Interaction between the treatment and control groups with respect to the predictor (Pre) and criterion (Post) variables was not supported. Change in the mean MI score for the treatment group was in the direction of improved emotional adjustment (i.e., a decrease in emotional temperature) when compared to the control group. This change is regarded as significant ($p = .10$).

2. Scale 4 (Hi): Interaction between the treatment and control groups with respect to the predictor and criterion variables was not supported. Change in the mean #4 (Hy) scale for the treatment group was in the direction of the norm. Significantly greater change ($p = .10$) occurred in the treatment group.

3. Scale 8 (Pt): Interaction between the treatment and control groups with respect to the predictor (Pre) and criterion

(Post) variables was not supported. Change in the mean score #8 (Pt) scale was in the direction of the norm and was regarded as marginally significant ($p = .22$) for the treatment group.

4. Scale 9 (Sc): Interaction between the treatment and control groups with respect to the predictor (Pre) and criterion (Post) variables was not demonstrated. Although the mean change for the treatment group was in the direction of the norm and greater than the mean change for the control group, the probability of the occurrence ($p = .39$) being other than chance was not supported.

The mean scores ($\bar{X}$) for the sample analyzed is summarized in Table 1. Group one (G_1) was the treatment group ($N=24$). Group two (G_2) was the control group ($N=13$).

	M.I.	#4 (T-Score)	#8 (T-Score)	#9 (T-Score)
Range of Norm $\bar{X}$	65 to 89	40 to 60	40 to 60	40 to 60
G_1 Pretest $\bar{X}$	115.95	75.42	81.58	71.92
G_1 Post Test $\bar{X}$	101.88	69.96	69.54	68.79
G_2 Pretest $\bar{X}$	99.69	65.53	67.85	70.38
G_2 Post Test $\bar{X}$	104.00	69.31	67.85	70.08
$G_1 + G_2$ Pretest $\bar{X}$	111.02	71.94	76.75	71.37
$G_1 + G_2$ Post Test $\bar{X}$	102.18	69.72	68.94	69.24

Table 1 Pre & Post Mean Scores $\bar{X}$ ($N=37$) on Treatment Sample (G_1) and Control Sample (G_2).

These data reflect that there is promise indicated in Delinquency Intervention Programs of the type reported. It is believed by this investigator that significantly more impressive results could have been demonstrated if the sampling procedure was more rigorous. However, factors of reality and its complex impingements cause action research to be a bit more difficult in this regard than laboratory studies.

Individual Case Studies

The next portion of this section is devoted to examples of individual case studies conducted within the Delinquency Intervention Project. The following reports present an additional evaluation perspective and provide information that is useful as a training medium.

A sample of the counselor's subjective evaluation of the project as a training or educational experience is included in Appendix III of this report.

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100.00	100.00	100.00	100.00	100.00
100.00	100.00	100.00	100.00	100.00
100.00	100.00	100.00	100.00	100.00
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100.00	100.00	100.00	100.00	100.00
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100.00	100.00	100.00	100.00	100.00
100.00	100.00	100.00	100.00	100.00

**The Differential Treatment of
A Pre-Delinquent Youth Using
Social Reinforcement**

by

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Carbondale, Illinois**

June, 1971

ES

ABSTRACT

This paper is being written in an attempt to relate one of the counseling approaches that can be used in public or private schools. This is a detailed approach which can only be used when sufficient time, resources and counselors are available. The method used is one which basically consists of placing delinquents or pre-delinquents into behavior categories and using counseling methods according to behavioral category placement.

The case involved is one of a boy who has been identified as a pre-delinquent by school authorities. This occurred after a past history of discipline problems coupled with repeated failures while participating in a work-study program which resulted in major discipline and disruptive behavior in both the school and job environment.

Prior work in the Delinquency Intervention Project has demonstrated that some possible benefits might occur if a token system of reinforcement were combined with social reinforcement. Work in this study has been done to separate token reinforcement from social reinforcement and determine the relative effects of social reinforcement when used alone.

INTRODUCTION

This student can be characterized as demonstrating a low level of ego-strength and self-confidence while being highly anxious. His placement into a work-study program, where he experienced failure within the school system, served to enhance the neurotic behavior demonstrated by him. It has been explained by Fromm (1944) that what appears as a feeling of guilt is often a fear of displeasing those in authority. A failure to realize one's potentialities in a given situation which is based on repeated defeats against authority is the kernel of a neurosis, according to Dr. Fromm. The subject of the case presented here displayed neurotic behavior and his experiences of failure in work placements seemed to accentuate this neurosis. Failure by persons who find it hard to succeed in job situations can be overcome by more selective placements in many instances (Cardwell, 1966). However, mere satisfactory job placement cannot always overcome neurotic behavior. The possibility of changing neurotic behavior can only be achieved in many cases through a concentrated, organized series of counseling sessions while the subject is experiencing problems.

The following is one approach which has been used in changing behavior in a work-study environment using categorical treatment patterns.

OBJECTIVE

Identifying Information

The counselee is a fourteen year old high school freshman who is attending high school in a rather unique situation where only freshman are enrolled. All other grades are in separate buildings. He has always attended school in the same city. The student is Caucasian, of average size for his age, alert in appearance and at the time of the referral lived with his mother and step-father. He has not been adopted by the step-father. He has one older brother, one older sister and one younger sister all living at home. None of the other children were known to have any evident behavioral problems. No outstanding family problems were known.

Problem Area

The primary problem was increased resistance to authority in the classroom and also this resistance believed to have carried over into the cooperative work-study program of which

he was a part. Frequent dismissals from his employers led directly to increased concern from school personnel who thought originally that his behavioral problems were of little consequence.

Referral Background Information

This student was referred for counseling in connection with the Delinquency Intervention Project (Pooley & O'Neill, 1970) at Carbondale East High School. The original referral was made in October, 1970 by the school social worker and counselor on the basis of past records and the fact that a psychological evaluation had been completed in 1968 on the student. The referral was withdrawn by school officials after it was learned that the student had been selected for the work-study program and a subsequent re-evaluation revealed no obvious need for pre-delinquent classification.

During December, 1970 the student was again referred to the Delinquency Intervention Project. This time the referral was made by the work-study program coordinator due to behavioral problems which resulted in repeated dismissals from various jobs. The specific reasons for these dismissals were not ascertained. Information from teachers revealed discipline problems and inattentiveness in class.

Further investigation revealed low academic achievement, a high I.Q. level and past performances in school which unanimously described him as unpredictable, resistant and poorly motivated. He also was argumentative, nervous and a discipline problem. One outstanding need cited by teachers throughout his school career was that he liked to feel needed and liked by others at all times. He could not stand any type of criticism.

Specialized Testing (Achievement, Reading Readiness, Intelligence and Psychological)

In addition to normal achievement testing administered by the local grade schools on an irregular basis, five different reading readiness tests were administered in July, 1967 by the Southern Illinois Clinical Center. These tests confirmed earlier findings brought out by regular testing in the public schools. He was determined to be at least 1 year and 4 months below grade level in reading. He was strongly opposed to silent reading, disliked social studies, unpredictable, resistant and poorly motivated. This testing extended over a four week period and recommendations were that he should be supplied with high interest, low reading level materials to stimulate motivation in school.

In January, 1968, he was referred for an evaluation by the school psychologist due to low performance in grade school level work. His I.Q. level was questioned and a determination of the need for EMH sectioning was desired. The Stanford Binet Form L-M was used with other determinants. The results were CA of 11-5, MA of 14-2 and I.Q. of 120. He did consistently good work on items involving attention and ability to deal effectively with the environment. In the opinion of the school psychologist, he had knowledge comparable to a 13 year old (he was 11½ years old at the time). The concluding remarks of the school psychologist were that he tested in the superior range and no boredom, resistance, etc. was indicated. This testing was completed in one day, however, which made it difficult to assess boredom and other similar factors correctly.

The Minnesota Multiphasic Personality Inventory was administered in December, 1970, with parental approval after the student was referred to the Delinquency Intervention Project. Multiphasic Index equaled 96 indicating an emotional temperature of mild to moderate elevation. In this range, persons often do not show obvious conflicts except to a trained observer. According to the Institute of Clinical Analysis interpretation, with only few exceptions, careful

investigation will reveal one or more personality problems. The MMPI summary on the student was that he is suspected of concealing significant emotional problems that require further clarification, wants to make a good impression and is moody and stubborn. It further implies that he is irritable, enthusiastic and hyperactive. Some sex-related problems were indicated; however, due to the adolescent period involved, some of these should be expected. Of particular significance, however, was his admission of some unusual sexual practices. Investigation in this area, as well as the familial dissatisfaction, was indicated by the test results.

Procedures for Implementation

The Delinquency Intervention Project, in cooperation with the Carbondale High School, is in its third year of operation. Operant conditioning principles are applied in counseling sessions with some delinquent or delinquent-prone students. Results from other applications of operant conditioning in classroom settings have been shown prior to this with differentiated, but useful results (Harris, Wolf, and Baer, 1964; Madson, Becker, and Thomas, 1968; Wolf, Giles and Hall, 1968; Karraker, 1968; Pollack, 1970). The particular

studies by the last three authors listed above all utilized token economies.

Prior work in the Delinquency Intervention Project (Pooley, 1969, 1970) had demonstrated that some possible benefits might occur if a token system of reinforcement were coupled with social reinforcement. Pollack's study was centered in Phase III of the Delinquency Intervention Project. A token economy was combined with social reinforcement to achieve specific goals using pre-experimental and experimental attendance records. Unfortunately the relative effectiveness of tokens could not be clearly distinguished from social reinforcers, nor could the effectiveness of combined reinforcers be established (Pollack, 1970).

As a result, the method used in the present study in working was to use only social reinforcers in an attempt to determine the relative effectiveness of social reinforcers used alone in this type of setting.

Experimental Setting

The experimental setting consisted of a room in which the decor was oriental in style, with a round table, bamboo drapes and comfortable chairs which contributed to a relaxed, non-threatening atmosphere. This room was located within the school building.

Evaluative Procedures

As soon as the results from the MMPI were received, the counselee was placed in one of the "behavior categories" as outlined below:

BC-I	Inadequate-Immature	Therapeutic Approach
MMPI Scale	Dy-Dependency	Reduce dependency
Sub-Scales	A, Es	Build ego-strength
Validity Scales	L, K, F, Q	Build self-confidence
BC-II	Neurotic-Disturbed	Therapeutic Approach
MMPI Scale	Ed - Ego-Defensiveness	Build ego-strength
Sub-Scales	Ds, AI	Build self-confidence
Validity Scales	L, K, F, Q	Reduce anxiety
BC-III	Unsocialized-Psychopath	Therapeutic Approach
MMPI Scale	Do-Dominance	Re-direct Aggressiveness
Sub-Scales	None	to accepted standards
Validity Scales	L, K, F, Q	
BC-IV	Socialized-Subcultural	Therapeutic Approach
MMPI Scale	Rg - Rigidity	Sever delinquent group
Sub-Scales	None	ties
Validity Scales	L, K, F, Q	Reinforce acceptable opinions

The above classification method is taken verbatim from the Delinquency Intervention Project Manual (Pooley, O'Neill, Parker and Williams, 1970, and Bureau of Prisons, 1970). The manner of placement into a selected behavior category was based

upon test results on MMPI scales and counselor observation. In this counselee's case, BC-II category was selected due to relevant scales as follows:

Ed = 67 This score was over the norm of 45 and shows a differentiation from BC-I youths by overly-candid, covert, and self-critical perspective. Ed is defined as measured ego-defensiveness.

Ds = 13 A low scorer (below 25) tends to substantiate placement into this category since the subjects verbalize but have a tendency to place themselves in an overly favorable light and to understate their problems.

Treatment Approach

Using the guidelines outlined by the Delinquency Intervention Project (see chart on page), the counseling approach used was one that was aimed toward reducing dependency, building ego-strengths and self-confidence. Outwardly, the counselee presented an overplayed capacity for ego-strength and a high self-confidence level that could not be sustained easily in light of past failures.

Attempts by the counselor during sessions to be open or emotionally available were constant on the part of the counselor and an effort was maintained toward discovering what feelings were behind the exterior behavior of the counselee. An effort was made to reduce anxiety by helping the student to find his own solutions to problems that he had. A specific effort was made to reduce the anxiety he expressed and insecurity which was expressed as a result of repeated failures to hold jobs assigned to him in the work-study program.

A non-directive approach was used at the start due to his tendency to verbalize well, however, as the sessions continued, the student became less verbal, requiring more participation on the part of the counselor. The student was helped to look at himself to see what may have caused him to fail in the different job settings.

As the student would correctly or realistically see himself, the counselor voiced or demonstrated outward approval. When the student would revert to attempts aimed at disguising the real world or occurrences, approval was withheld and disapproval was voiced or shown outwardly. At times when the student continued to revert to unrealistic behavior, the counseling sessions were stopped. Sessions

resumed only after the student expressed a desire to continue.

During the weeks of counseling, weekly reports were maintained in an effort to determine whether modification of his self-image in the direction of personal worth was progressing and whether his level of functioning within his school and work-study program was increasing.

Results

Counseling sessions ceased at the end of the school year in June, 1971. In an effort to appraise any progress in behavior modification, three methods were utilized as follows:

- 1) Teachers, work-study coordinator and administrative evaluations were submitted.
- 2) Subjective evaluation by the counselor was coordinated with the weekly progress reports.
- 3) Post-test MMPI results were analyzed to determine any objective changes in the client.

Significant, positive changes were noted in all of the above areas.

The student seemed to have adapted slowly to the work-study environment and had remained in his last job placement longer than he had been able to stay in any previous placement.

His teachers reported him to be mischievous and rather hard to handle in class due to a constant apparent need to be recognized. He was not experiencing any difficulties with administrative officials over discipline or similar problems.

The student appeared to be able to relate better to the counselor as the sessions continued. He seemed to be able to look at the real world with less fantasy and this helped him to increase his level of self-reliance until he seemed to be coping with his problems on a more real level. This new coping ability resulted in approval from adults and more acceptance by his peers.

Results of the MMPI post-test were found to confirm the positive improvement which seemed apparent from the more subject sources above. The pre-test MMPI was administered in December, 1970 and the second (post-test) was given in May, 1971. These differences were noted. The Multiphasic Index which measures degrees of emotional disturbance changed from a 96, which indicated a moderate degree of functional difficulty, to an 82, indicating a normal personality development. This is interpreted to indicate that the student is now able to deal reasonably well with major feelings of love, anger, dependency and self-esteem. Notably, his energy is recognized

as being developed toward realistic goals. In the post-test , the MMPI reflects a reasonably normal emotional status. The resilience factor is now above average for making satisfactory adjustments. This differs from the pre-test which indicated some emotional problems.

The BC-II category placement by using the MMPI showed some reason for change in placement (Refer to Evaluative Procedures). Although a complete return to normal was not indicated, both the Ed (Ego Defensiveness) and the Ds (Dis-simulation Scale) showed a movement toward the norm while the validity scales L, K, F and Q were within the normal range. During the pre-test, the F scale was not within the norm. A more normal level of self-confidence and ego-strength was reflected in the post-test with less anxiety being evident.

DATE PROCESSED...05/18/71

SUBJECTS NAME OR
IDENTIFICATION NO.

TEST
DATE

TEST
NO.

ACC.
NO.

ICA
ID NO.

AGE 14, MALE, 05/13/71 0094190 01623 07 01

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SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901

MI. MULTIPHASIC INDEX.....

82

NORMAL

PROBABILITY OF SIGNIFICANT DISTURBANCE 6X

TWO SEPARATE AND DISTINCT METHODS OF APPRAISING EMOTIONAL CONFLICT
ARE SHOWN ON SCORES ABOVE. EITHER SCORE MAY SUGGEST A DISORDER BUT
CLINICAL SIGNIFICANCE IS GREATER WHEN BOTH SCORES ARE ELEVATED.

MI INTERPRETATION...

THE MI, MULTIPHASIC INDEX, REFLECTS A REASONABLY NORMAL EMOTIONAL
STATUS. THE RESILIENCE FACTOR IS ABOVE AVERAGE FOR MAKING SATIS-
FACTORY EMOTIONAL ADJUSTMENTS.

SUMMARY.....

TEST EVIDENCE SUPPORTS A PICTURE OF LOW OR MINIMAL EMOTIONAL DIS-
TURBANCE.

THE PROFILE IS CLASSIFIED AS NORMAL. AMONG KNOWN PSYCHIATRIC PATIENTS
HOWEVER, APPROXIMATELY 10 PERCENT ARE ABLE TO SIMULATE NORMALCY WELL
ENOUGH TO COVER PSYCHOPATHOLOGY. IN SUCH CASES THE TEST SERVES TO
INDICATE THE PERSON'S ABILITY TO DISTINGUISH BETWEEN SOCIALLY ACCEPT-
ABLE AND NON-ACCEPTABLE BEHAVIOR. PROGNOSTICALLY, THIS FAVORS A 'CAN
DO' FACTOR IF NOT A 'WILL DO' FACTOR.

THERE IS IMPLIED SOME NEED FOR MORE STABLE EMOTIONAL GROWTH AND THE
SUBJECT SEEMS WILLING TO FOLLOW A CONSTRUCTIVE PROGRAM. HOWEVER, THE
SUBJECT IS PROJECTING CONSIDERABLE ADEQUACY OF COPING AT THIS TIME.

VALIDITY.....

THE SUBJECT PRESENTS A FAVORABLE SELF-IMAGE WHICH IS CHARACTERISTIC
OF A PERSON WANTING TO MAKE A GOOD IMPRESSION.

43

Q L F K HS-1 D-2 HY-3 PD-4 MF-5 PA-6 PT-7 SC-8 MA-9 SI-0

NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture,
it is an important laboratory aid in diagnosis and treatment.

AGE 14. MALE. 05/13/71 0094190 01623 07 01

PATIENT'S POSITIVE TRAITS ARE DESCRIBED AS...

AFFECTIONATE, SOFT-HEARTED, ENTHUSIASTIC, OUTGOING, SOCIALLY RESPONSIVE, ADVENTUROUS, ENERGETIC, AND AMBITIOUS.

SYMPTOM REVIEW (CRITICAL ITEM NUMBER MARKED BY ASTERISK).....

HOSTILITY...

SOMEWHAT IRRITABLE OR TENSE.

HYPERACTIVITY...

EUPHORIC EPISODES.

FAMILY OR MARITAL PROBLEMS...

INVESTIGATE SUBJECTS ADMISSION OF DISSATISFACTION.

SEXUAL DISTURBANCE...

THE RESPONSES SUGGEST FURTHER INQUIRY. SEE CRITICAL ITEM SECTION FOR SPECIFIC ITEMS.

THE SUBJECT ADMITS BEING BOTHERED BY THOUGHTS ABOUT SEX.

THERE IS ADMISSION OF MANY DREAMS ABOUT SEX MATTERS.

*302 I HAVE NEVER BEEN IN TROUBLE BECAUSE OF MY SEX BEHAVIOR .. FALSE

*310 MY SEX LIFE IS SATISFACTORY FALSE

SUSPICION (IDEAS OF EXTERNAL CONTROL)...

*293 SOMEONE HAS BEEN TRYING TO INFLUENCE MY MIND TRUE

UNUSUAL THOUGHTS AND EXPERIENCES...

*345 I OFTEN FEEL AS IF THINGS WERE NOT REAL TRUE

DREAMS...

FREQUENTLY.

RECURRENT.

SUBJECT ADMITS SEXUAL CONTENT.

--- END REPORT ---

COMPUTERIZED TECHNICAL AND BACKGROUND RESEARCH DATA ON FOLLOWING PAGES...

AGE 14, MALE, 05/13/71 0094190 01623 07 01

COMPUTERIZED TECHNICAL DATA
SCORE PAGES

THE SCORES PRINTED ON THIS PAGE ARE PRIMARILY USED FOR RESEARCH. ALTHOUGH THE PRINTED REPORT INTERPRETS THEIR NUMEROUS AND COMPLEX COMBINATIONS, THE CLINICIAN MAY WISH TO STUDY THE NATURE OF EACH SCORE--FOR THIS PURPOSE REFER TO THE MMPI-ICA REFERENCE GUIDE, WHICH IS AVAILABLE ON REQUEST. THE SCORES ARE LISTED IN RAW-SCORE FORM UNLESS SPECIFIED AS T-SCORES.

INDEX OR SCALE--	SCORE--	NORM--
AI ANXIETY INDEX	23	50
IR INTERNALIZATION RATIO	.74	1.00
A-R ANXIETY-REPRESSION RATIO		
A FACTOR--T SCORE	44	45 TO 54
R FACTOR--T SCORE	49	45 TO 54
ES EGO STRENGTH--T SCORE	61	60 OR MORE
TR CONTRADICTORY RESPONSE	4	3 OR LESS
F-K DISSIMULATION INDEX	- 10	-12 TO +8
DS DISSIMULATION SCALE	15	35 OR LESS
MP POSITIVE MALINGERING	16	19 OR LESS
CN CONTROL	25	22 TO 30
ED EGO DEFENSIVENESS	66	45 TO 65
FNF CRITICAL ITEMS	4	3 OR LESS
AT MANIFEST ANXIETY	3	14 OR LESS
LB LOW BACK	7	10 OR LESS
RG RIGIDITY DEFENSE	5	3 TO 6
OY MANIFEST DEPENDENCY	14	19 OR LESS
DO SOCIAL DOMINANCE	20	19 OR MORE

-- RELATIVE ELEVATION OF CLINICAL SCALES...SEE GRAPH --

HS-1 LOW	D-2 VERY LOW	HY-3 NORMAL	PD-4 NORMAL
MF-5 NORMAL	PA-6 NORMAL	PT-7 LOW	SC-8 NORMAL
	MA-9 NORMAL	SI-0 LOW	

-- OBVIOUS-SUBTLE RESPONSES OF CLINICAL SCALES... T SCORES --

DO- 37	HYO- 41	PDO- 43	PAO- 59	MAO- 44
DS- 49	HYS- 66	PDS- 63	PAS- 48	MAS- 62

NOTE--NORMAL T-SCORE RANGE FOR OBVIOUS AND SUBTLE SCALES IS USUALLY CONSIDERED BETWEEN 40 AND 60. SCORES ABOVE OR BELOW THIS RANGE INCREASE PROBABILITY OF ABNORMAL TRAITS FOR THE SCALE IN QUESTION.

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45

CAUTION--THIS REPORT IS STRICTLY CONFIDENTIAL. IT IS A DIAGNOSTIC AID AND SHOULD NOT BE SHOWN TO THE PATIENT.

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

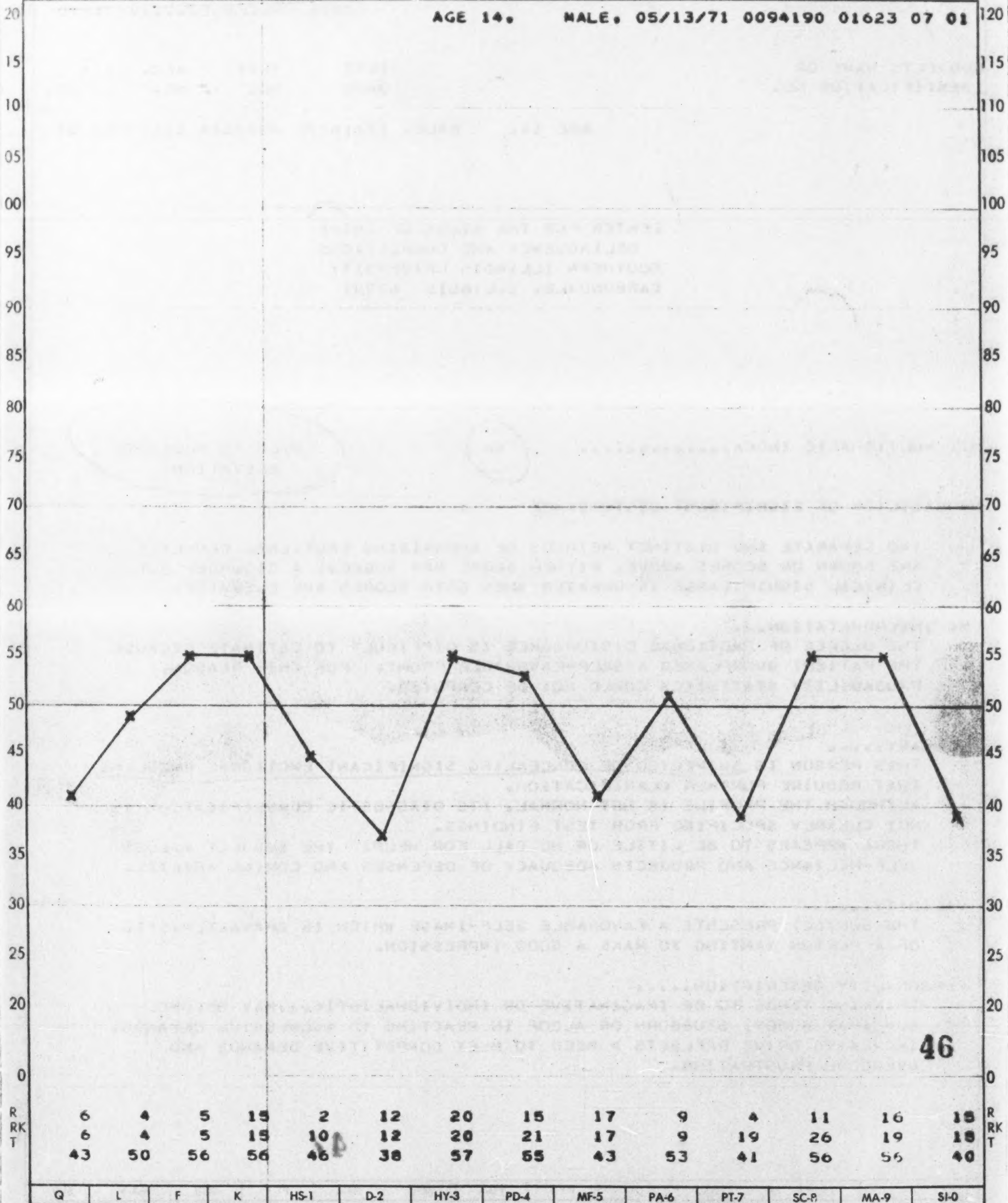
INSTITUTE OF CLINICAL ANALYSIS

1000 E. Broadway, Glendale, Calif. 91205

MMPI - ICA REPORT

AGE 14.

MALE, 05/13/71 0094190 01623 07 01



46

NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

DATE PROCESSED...12/21/70

13
SUBJECTS NAME OR
IDENTIFICATION NO.TEST
DATETEST
NO.ACC.
NO.ICA
ID NO.

AGE 14.

MALE. 12/16/70 0083526 01623 07 01

CENTER FOR THE STUDY OF CRIME
DELINQUENCY AND CORRECTIONS
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901

MI. MULTIPHASIC INDEX.....

96

MILD TO MODERATE
ELEVATION

PROBABILITY OF SIGNIFICANT DISTURBANCE X

TWO SEPARATE AND DISTINCT METHODS OF APPRAISING EMOTIONAL CONFLICT
ARE SHOWN ON SCORES ABOVE. EITHER SCORE MAY SUGGEST A DISORDER BUT
CLINICAL SIGNIFICANCE IS GREATER WHEN BOTH SCORES ARE ELEVATED.

MI INTERPRETATION...

THE DEGREE OF EMOTIONAL DISTURBANCE IS DIFFICULT TO ESTIMATE BECAUSE
THE PATIENT OVERPLAYED A SELF-FAVORABLE FRONT. FOR THIS REASON,
PROBABILITY STATISTICS COULD NOT BE COMPUTED.

SUMMARY.....

THIS PERSON IS SUSPECTED OF CONCEALING SIGNIFICANT EMOTIONAL PROBLEMS
THAT REQUIRE FURTHER CLARIFICATION.

ALTHOUGH THE PROFILE IS NOT NORMAL, ITS DIAGNOSTIC CLASSIFICATION IS
NOT CLEARLY SPECIFIED FROM TEST FINDINGS.

THERE APPEARS TO BE LITTLE OR NO CALL FOR HELP. THE SUBJECT VALUES
SELF-RELIANCE AND PROJECTS ADEQUACY OF DEFENSES AND COPING ABILITY.

VALIDITY.....

THE SUBJECT PRESENTS A FAVORABLE SELF-IMAGE WHICH IS CHARACTERISTIC
OF A PERSON WANTING TO MAKE A GOOD IMPRESSION.

PERSONALITY DESCRIPTION.....

THINKING TENDS TO BE IMAGINATIVE OR INDIVIDUALISTIC...MAY BECOME
SOMEWHAT MOODY, STUBBORN OR ALOOF IN REACTING TO AGGRESSIVE DEMANDS.
INCREASED DRIVE REFLECTS A NEED TO MEET COMPETITIVE DEMANDS AND
OVERCOME FRUSTRATION.

47

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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AGE 14.

MALE, 12/16/70 0083526 01623 07 01

PATIENT'S POSITIVE TRAITS ARE DESCRIBED AS...

ENTHUSIASTIC, ADVENTUROUS, ENERGETIC, ACTIVE, ENTERPRISING, ASSERTIVE,
TALKATIVE, SOCIALLY FORWARD, AND SENTIMENTAL.

SYMPTOM REVIEW (CRITICAL ITEM NUMBER MARKED BY ASTERISK).....

HOSTILITY...

SOMEWHAT IRRITABLE OR TENSE.

HYPERACTIVITY...

PERIODIC OVERACTIVITY.

EUPHORIC EPISODES.

*146 I HAVE THE WANDERLUST AND AM NEVER HAPPY UNLESS I AM
ROAMING OR TRAVELING ABOUT TRUE

FAMILY OR MARITAL PROBLEMS...

INVESTIGATE SUBJECTS ADMISSION OF DISSATISFACTION.

SEXUAL DISTURBANCE...

THERE IS ADMISSION OF MANY DREAMS ABOUT SEX MATTERS.

*133 I HAVE NEVER INDULGED IN ANY UNUSUAL SEX PRACTICES..... FALSE

UNUSUAL THOUGHTS AND EXPERIENCES...

*33 I HAVE HAD VERY PECULIAR AND STRANGE EXPERIENCES TRUE

DREAMS...

FREQUENTLY.

SUBJECT ADMITS SEXUAL CONTENT.

DEFENSE MECHANISMS...

ACTING-OUT.

SONATIC EXPRESSION...

NECKACHE.

PARAESTHESIA.

SLEEP DISTURBANCE.

--- END REPORT ---

COMPUTERIZED TECHNICAL AND BACKGROUND RESEARCH DATA ON FOLLOWING PAGES...

48

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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AGE 14, MALE, 12/16/70 0083526 01623 07 01

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SCORE PAGES

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INDEX OR SCALE--	SCORE--	NORM--
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IR INTERNALIZATION RATIO	.79	1.00
A-R ANXIETY-REPRESSION RATIO		
A FACTOR--T SCORE	40	45 TO 54
R FACTOR--T SCORE	51	45 TO 54
ES EGO STRENGTH--T SCORE	53	60 OR MORE
TR CONTRADICTORY RESPONSE	2	3 OR LESS
F-K DISSIMULATION INDEX	- 10	-12 TO +8
DS DISSIMULATION SCALE	13	35 OR LESS
MP POSITIVE MALINGERING	16	19 OR LESS
CN CONTROL	26	22 TO 30
ED EGO DEFENSIVENESS	67	45 TO 65
FNF CRITICAL ITEMS	4	3 OR LESS
AT MANIFEST ANXIETY	1	14 OR LESS
LB LOW BACK	9	10 OR LESS
RG RIGIDITY DEFENSE	4	3 TO 6
BY MANIFEST DEPENDENCY	9	19 OR LESS
DO SOCIAL DOMINANCE	18	19 OR MORE

-- RELATIVE ELEVATION OF CLINICAL SCALES...SEE GRAPH --

HS-1 NORMAL	D-2 LOW	HY-3 NORMAL	PD-4 NORMAL
MF-5 VERY LOW	PA-6 NORMAL	PT-7 LOW	SC-8 MILD
	MA-9 MILD	SI-0 LOW	

-- OBVIOUS-SUBTLE RESPONSES OF CLINICAL SCALES... T SCORES --

DO- 40	HYO- 46	PDO- 46	PAO- 44	MAO- 60
OS- 57	HYS- 64	PDS- 63	PAS- 52	MAS- 62

NOTE--NORMAL T-SCORE RANGE FOR OBVIOUS AND SUBTLE SCALES IS USUALLY CONSIDERED BETWEEN 40 AND 60. SCORES ABOVE OR BELOW THIS RANGE INCREASE PROBABILITY OF ABNORMAL TRAITS FOR THE SCALE IN QUESTION.

ICA CODE--210101000 .03661 3 .19350 .00000 0 0 0 7.05

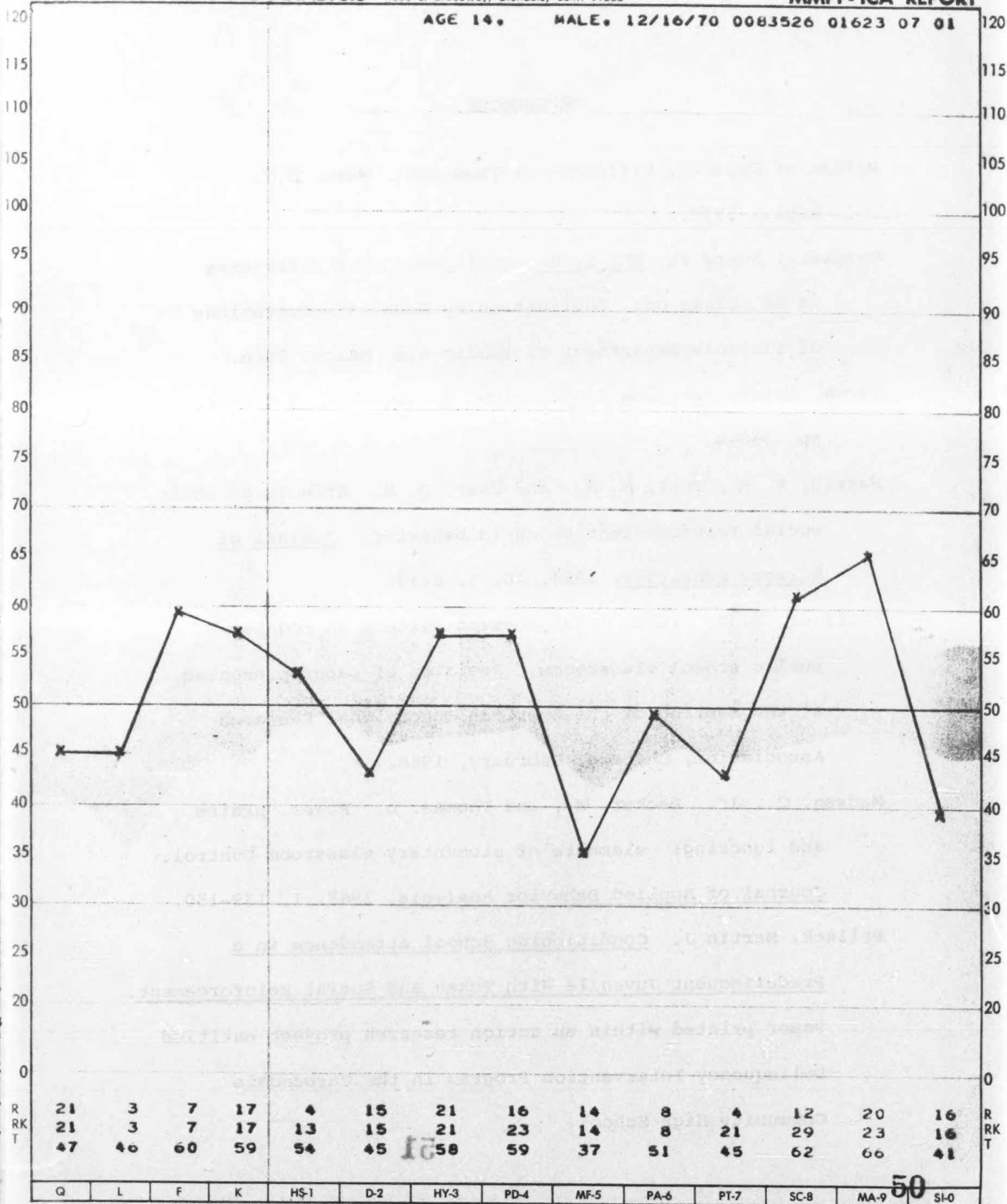
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Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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AGE 14.

MALE, 12/16/70 0083526 01623 07 01



NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

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**THE APPLICATION OF A TOKEN ECONOMY
SYSTEM TO MODIFY EFFEMINATE DRESS BEHAVIOR**

by

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ABSTRACT

Because aversive conditioning to treat transvestism is often unpleasant and limited in use, a behavior modification program employing a token economy was chosen to treat a 15-year old homosexual who is inclined towards transvestism. The treatment was terminated during the experimental stage but the subject did show signs of significant change in dress behavior. For 6 out of 7 days of the treatment condition the subject dressed non-effeminately. The results further indicate that the subject was positively motivated to complete the terminal goal.

PROLOGUE TO THE EXPERIMENT IN
BEHAVIOR MODIFICATION

by
Gene Faermark

This chapter presents the story of an individual who was mal-adapted to his environment along several dimensions. However, it seems that the several difficulties that this individual lived with constantly were all the product of a single source. The source was a fundamental problem in the subject's personality structure. It is the problem of identity.

This subject's search for identity manifested itself in a variety of forms, some passive, some aggressive. Consequently, several modes of treatment were used depending upon the specific behavioral symptom that was being focused on at a particular moment or session. The last section of this chapter presents, in detail, an experiment in behavior modification that was conducted with this subject.

However, some information concerning the subject that is beyond the scope of this one mode of treatment should be presented in order to give greater perspective to the problem in general: a problem that the behavior modification procedure was designed to mediate in part. Consequently, we submit this prologue to the experiment.

SUBJECT:

The subject is a 15 year old black, male homosexual. He appears to have the characteristics of a BC I (inadequate-immature) individual with some indications of a BC II (neurotic-conflicted) personality present. Through the use of a diagnostic tool (MMPI) and confirmed by individual counseling sessions, the following personality description was established.

I. Personality Description:

1. Behavior often prankish.
2. Outward peaceful appearance easily turned to moodiness or aggression when subject was frustrated.
3. Proneness to sexual fantasy - especially in homosexual relationships.
4. Tendency to react against others who suppress the subject's individuality or independent thinking.

II. Coping Problems:

1. Oversensitivity to criticism or belittlement appears as well as hostile reaction to rejection.
2. Strong antisocial acting out behavior.
3. Sexual conflict-no heterosexual and poor homosexual development.
4. Definite inadequate defenses and coping ability.

III. Symptom Review:

1. Anxiety-tense and restless with moderate nervousness and tension.
2. Hostility-counteractive when frustrated.
3. Hyperactivity-considerably agitated or restless.
4. Family Problems-especially with lack of male model in home and strong identification with mother and female role.
5. Defense Mechanisms-intellectualization
 - projection
 - obsessive-compulsive

SOCIAL CONDITIONING IN THE FAMILY:

The subject's family history indicates several dimensions of maladjustment (especially sexually).

- I. Disenchantment with Male Role: Father left home when the subject was 9 years old. Subject related memories of frequent fights between parents (where mother was severely beaten) after father drank heavily. Often his father would leave the family with no money or food and other necessities for long periods of time. The subject's two older brothers are in prison, but while they were in the home they showed little love toward him nor concern for the subject's sensitive nature. Such a background suggests some grounds

for a poor conception of the male role. This later generalized into disgust and hate for "all" males.

- II. Identification with Female Role: Counseling sessions revealed that the subject loves his mother and considers her the guiding force of his life. Most of his life at home he has been surrounded by at least five females and has engaged in activities similar to those of his sisters. As a child he valued playing house with dolls, caring for his younger sisters, and playing games designed for girls. This pattern was encouraged by his mother who bought female oriented toys for him and reinforced play behavior with such toys. She offered no encouragement for engaging in masculine activities. The subject was very eager to please his mother and quickly learned how to do so: by engaging in those activities with a female orientation.
- III. Heterosexual Maladjustment: Subject has, over the years, been left to care for his older sisters' 3 illegitimate children. He has acted as a mother figure for these children. He has become disturbed about the "female" person in general-especially about the worthiness of women. His sister shows little concern, or takes little care of her children; it appears that to her they represent only additional state aid. The subject has come to distrust females, (i.e. "they're no good,") and has developed

a generalized negative concept of females. Consequently, there is an apparent contradiction-he dislikes males and females, and considers himself a male with a female mind and emotions. He is extremely confused sexually; he finds some comfort from other homosexuals yet seems to hate himself for being a homosexual. He is suffering from a severe problem of identity. Effeminate dress and behavior developed in the subject's expression. This resulted in his becoming a scapegoat and a victim.

AGGRESSIVE BEHAVIOR:

Two weeks before the end of the academic school year, the subject was expelled from school for threatening to kill two students who constantly harrassed him. His anger and frustration, of course, are not unusual reactions but the fact that he pulled a knife and was barely prevented from stabbing one youth indicated an extreme antisocial reaction to the solution of a problem. His behavior had clearly advanced beyond an aggressive acting out stage and moved into the realm of violence.

An explanation by Dr. Rollo May (1971) has placed such aggressive behavior into an interesting perspective. Dr. May states that when emotional development goes awry, and the individual is robbed of his chance to affirm, and to assert

himself when necessary, he moves into aggression. When his aggression is blocked over a period of time he moves into violence. The emotional development of this subject appears to have been shaped by many disturbing realms. An environment such as his, where sexual identity and roles are confused, where human lives represent only dollars, and where intellectual or artistic expression are constantly thwarted, is, in all probability, a contributing factor resulting in the development of a violent personality.

CLASSIFICATION AND TREATMENT OF THE SUBJECT:

BC Classification: After two probing sessions with the subject, a review of the MMPI printout, (ICA, 1970), Differential Treatment, (Bureau of Prisons, 1970) and the D.I.P. manual (Pooley et al, 1970), it was the counselors' opinion that the subject possessed personality traits characteristic of both BC I (inadequate-immature) and BC II (neurotic-conflicted) individuals. As a result, the counseling goals that were selected were a blend of the treatment objectives of the two behavior categories.

Treatment Strategy: Because of this combined BC classification, the treatment strategy did vary. Each session was organized around a particular theme (which the subject wanted to discuss as stated in a behavioral contract), with different techniques

employed for different areas of concern. Generally, the focus of each session was to offer structure and support, with explanations of the consequences of certain behaviors--a directive approach. Other times, a more non-directive, self-exploratory-self-understanding approach was adopted. In these sessions there was more emphasis on the subject's emotions, especially during a crisis period. A third treatment technique, behavior modification, was used in an attempt to reduce tendencies toward transvestism. This particular aberrant behavior was a stimulus for scapegoating on numerous occasions. It eventually resulted in a violent reaction on the part of the subject. A report on the behavior modification experiment follows.

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THE APPLICATION OF A TOKEN ECONOMY
SYSTEM TO MODIFY EFFEMINATE DRESS BEHAVIOR

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INTRODUCTION

A considerable amount of research on transvestism attempts to treat this phenomenon by establishing an aversive response to certain behavioral aspects of the symptom. Generally, stimuli related to the symptom have been associated with the unpleasant effects following the administration of a chemical agent. Such a procedure has been described by Davies and Morgenstern (1960), Barker et al. (1961), Lavin et al. (1961) and Glynn and Harper (1961).

In a successful attempt by Blakemore et al. (1963), to treat a case of transvestism, aversive conditioning was also used. In this particular study the act of cross dressing was associated with the unpleasant experience of faradic stimulation. The patient was repeatedly shocked during the act of undressing and it was hypothesized that he was positively reinforced by the cessation of these shocks for behavior which involved the escape from and avoidance of female clothing.

McGuire and Carlisle (1965), support the growing trend of treating sexual deviations by using aversion techniques. The theoretical basis for such treatment is that the symptom or behavior to be treated has been learned some time in the past and can be changed by the learning of a new pattern of behavior. They suggest that an acquired deviation should be able to be extinguished by deconditioning: aversion therapy.

Thorpe et al. (1963), attempted to use both faradic aversion conditioning and positive conditioning to female figures in treating a homosexual. The results clearly support the use of aversive techniques for treatment of this condition.

Overwhelmingly then, the research dealing with sexual deviations such as transvestism or homosexuality favors the use of aversion therapy. But as Ramsay and Velzen (1968) point out (in the case of homosexuals), while aversion therapy is more systematic than punishment, it is still unpleasant for both patient and therapist and does nothing about changing the emotions associated with more acceptable sexual relationships. If homosexuals are afraid of opposite sex intimate situations, then depriving them of satisfaction in same-sex situations without providing alternative and more adaptive behavior will cause emotional problems and probable relapse.

Perhaps also, the limited use with which aversion techniques may be applied has been overlooked. It would be quite impractical if not impossible to treat, for example, a high school student who is a transvestite (and a homosexual) with such a technique. Complications which involve parents, the school administration, and the sexually confused youth himself would surely rule out such a procedure. What is needed is a course of action which can, as much as possible, help extinguish the

deviant behavior and reinforce more socially acceptable sexual behavior. The adaptation of a behavior modification program to deal with this problem would seem appropriate to the school setting, to the individual, and to the involved administrators. Of further importance, is the fact that such an attempt is quite positive and constructive and aims at extinguishing undesirable behaviors (and their anxiety producing complications) while strengthening weakened, more socially acceptable behavior.

METHOD

(a) Subject

The subject is a black, male, 15 year old high school student who is a homosexual and dresses effeminately. His case history suggests the lack of an adequate male model in the home and a preoccupation with engaging in the same childhood activities as his sisters (playing with dolls etc.). His coping ability is very low and as a result of being a frequent scape goat, the subject feels easily threatened, over-reacts and blows up easily. He is intelligent and verbal but often counteractive when frustrated.

(b) Purpose

The purpose of this study was to modify the effeminate dress behavior of the subject during school days using a

behavior modification program. Operationally, the desired behavior was defined as: the student will discontinue wearing a bouffant hair style (4-5 inches high), an earring, and see-through shirts without an undershirt until he saves enough points necessary to earn a second hand portable sewing machine.

(c) Apparatus

The apparatus used consisted of the sewing machine and recording sheets used to record the subject's dress.

evidence of effeminate dress			
	yes 0 points	no 1 point	Bonus point
hair			
earring			
shirt			

(d) Determination of Operant Level and Adaptation Period

Baseline data on the subject's typical dress mode was taken during two meetings with the subject (who was unaware of the recording). Dressing behavior was recorded on the matrix by the experimenter and a student worker to insure reliability of observations (100% reliability recorded).

Adaptation to the experimental setting posed no problem since the subject was well acquainted with the experimenter.

(e) Reinforcement

A token economy system using points to earn the sewing machine as well as social reinforcers (praise) were employed.

The rationale behind the selection of the token system was:

1. The back up reinforcer was quite tangible. The subject previously indicated a strong desire for a sewing machine.
2. A token system provided for the immediate reinforcement of desired behavior.
3. It was hoped that since points were provided on a daily basis, school attendance would increase.

The subject's school history report also indicated that he highly values social praise, especially from teachers and administrators.

(f) Procedure

On the second day of baseline, the subject was informed about the token economy, the conditions of such a system, information about the sewing machine, and the importance of attending school in order to earn points. He was very enthusiastic about participating.

He was instructed that during his daily study period he was to wait in the lobby of the experimenter's office until the experimenter arrived. This provided ample time (3 minutes) for the student worker to score the subject without his knowledge. After the arrival of the experimenter, the subject was

immediately scored. He was both highly praised and given one extra bonus point if he earned the maximum number of points per session (3). A total of 33 points was needed to get the machine. This experimental condition was scheduled to last 8 days, followed by a 5 day reversal period to serve as a control and a 4 day period where the experimental condition was to be reintroduced. During the reversal period,¹ scoring was to be done by two study hall monitors without the subject's knowledge. The monitors as well as two of the subject's teachers were asked to praise him if his attire was non-effeminate.

RESULTS

On the seventh day of the experimental condition, a confrontation occurred between the subject and two other students² which resulted in expulsion of the subject for

1. It must be noted that a complete withdrawal of reinforcement was not made. While such a procedure, during a reversal stage, may lend additional strength to an experimental condition it also poses a serious problem. For example, if all reinforcement were to be removed during reversal, (which is the usual practice) the probability is increased that recently shaped positive changes in behavior may be disrupted. Programming such a risk for this subject was inappropriate.

2. The two students referred to here had scapegoated the subject all year. They were a constant source of harassment for the subject. Consequently, it took very little effort on their part to provoke an attack on the part of the subject during this confrontation.

the remainder of the academic year. Because this event terminated this experiment, the desired behavioral change cannot be conclusively supported. Several important factors, however, should be mentioned:

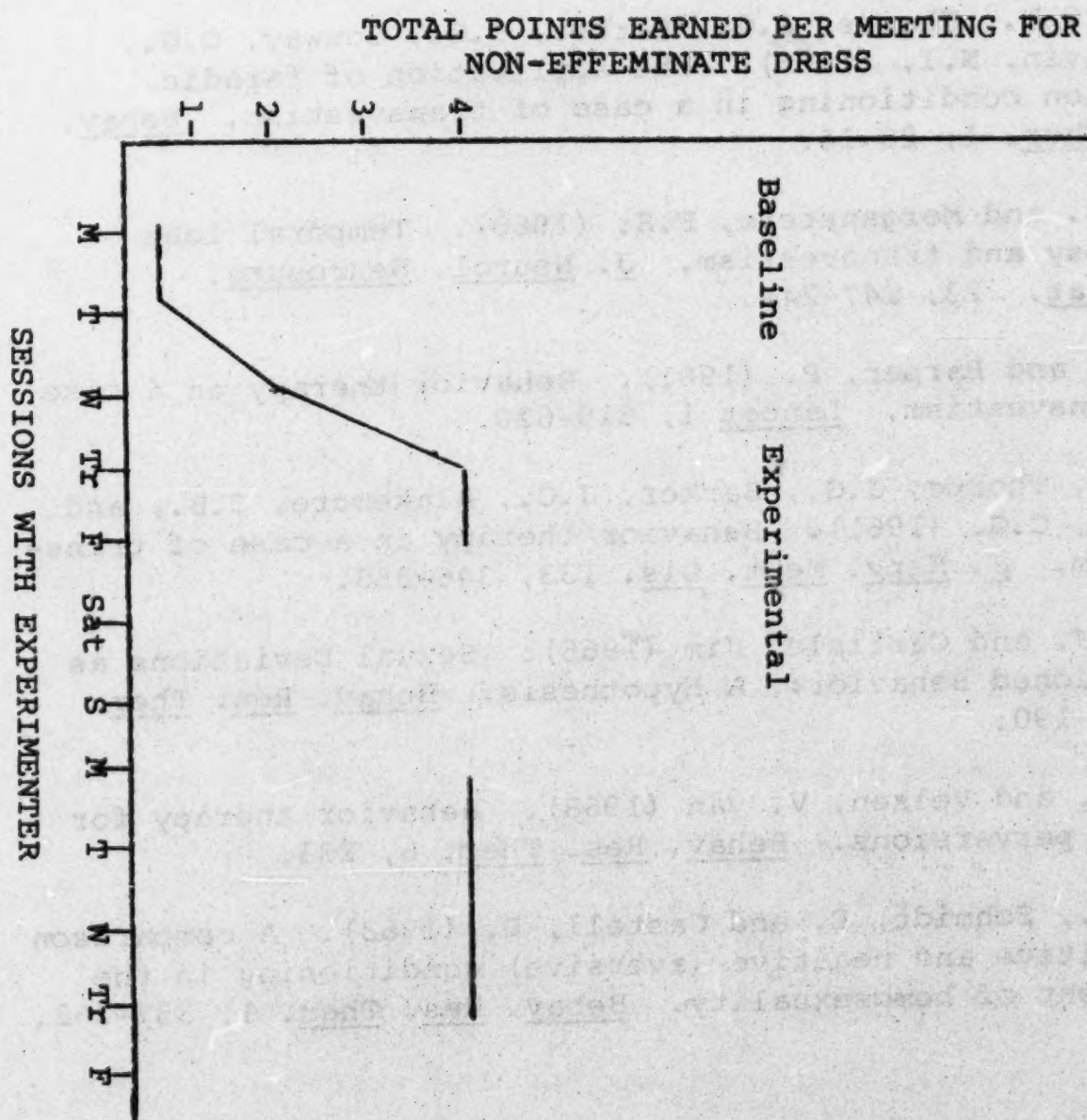
1. The subject did not dress effeminately 6 out of 7 days during the 8 day experimental period.
2. The subject did not miss any school days during the experimental period, while his previous school record indicated an average of 2 absences per week.
3. Not only did the subject's dress mode change but he also mentioned that he liked dressing in the different manner and that he was getting along better with some of the students and teachers.
4. The fact that the subject earned the maximum number of points in 6 out of the 7 sessions indicates that he was positively motivated toward the successful completion of the goal. He talked very enthusiastically about the clothes that he was going to design with "his new sewing machine."

DISCUSSION

For this subject, the stimulus change of being expelled from a long time unstimulating and often punishing school experience was, unfortunately, rewarding. This situation was

further reinforcing in that he was granted full academic credit. What in effect happened, is that the subject has been rewarded for inappropriate behavior. As a result, it may be very difficult to prevent such behavior from occurring in the future, especially behavior which yields such a large reward.

Although this experiment was not concluded, it was encouraging to find that the subject's dress behavior did change and that he was positively motivated to complete a task. The important point for educators and other researchers to consider is that with effort and concern, the right reinforcers for individuals can be discovered and applied to effect useful behavioral change--especially in an educational setting with highly troubled individuals. The social importance of such a change cannot be overlooked if, as human beings, we are concerned about helping other human beings.



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CASE STUDY OF A PRE-DELINQUENT HIGH SCHOOL GIRL:

**Development of a Relationship and
Arrangments for a Change of Environment**

by

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ABSTRACT

A sixteen year old female high school sophomore was identified by the high school where she is in attendance as exhibiting behaviors which were indicative of delinquent tendencies and drop-out potentialities. She was, therefore, referred by the high school guidance department to the Delinquency Intervention Project, a university-based approach to delinquency prevention and control.

At the writing of this report, preliminary progress has been made toward the ultimate goals of: (1) establishing a sense of self-worth, and (2) achieving a satisfactory life style for this teenage girl.

Two major areas of concern were identified early in the counseling relationship: (1) the student's inability to establish trusting and meaningful relationships with adults, and (2) environmental conditions which were contributing to the subject's delinquent behavior patterns. The Delinquency Intervention Project (D.I.P.) counselor has succeeded in establishing a good relationship with the student, and has set the stage for the student to be placed in a controlled environment. A plan for achieving adjustment and change within the new setting is being worked out.

In order to evaluate the progress of the counseling relationship and the subject's adaptation to the proposed environmental change, the counselor devised a procedure relating the student's cigarette smoking to her level of anxiety. The steady decline in the number of cigarettes smoked by the subject was interpreted as indicative of her readiness to be transferred to the new environment.

The following case history gives a detailed account of the counseling procedures.

I. INTRODUCTION

A. Statement of the Problem and Why It Was Selected for Treatment

The subject, a 16 year old female high school sophomore was referred to the D.I.P. by the high school after numerous reports from teachers and other school personnel that she was functioning inappropriately in the school setting. More specifically, the student's grades were low, rate of absenteeism high, attitude in school represented defiance of authority, and behavior bordered on being disruptive.

Further in-depth investigation conducted by the D.I.P. counselor revealed a destructive home environment (described in detail later in this paper), evidences of drug abuse, promiscuity, and irregular but excessive use of alcohol.

The dangers of physical and psychological damage which are likely to occur as a result of the above-described life style, and the social consequences of such mal-adaptive behavior made it obvious that this teenage girl needed concentrated efforts to prevent her from dropping out of school and becoming entrenched in the ranks of juvenile delinquents.

B. Relevant Research

According to the strategy of Differential Treatment at the Robert F. Kennedy Youth Center in Morgantown, West Virginia and adapted to the D.I.P., the subject was classified

into a Behavior Category (BC) representative of a treatment-meaningful grouping.

Placement of the subject into one of the five behavior categories advocated, was determined by: (1) results of the Minnesota Multiphasic Personality Inventory (MMPI) administered early in the counseling relationship; (2) relevant life history information accumulated by the D.I.P. counselor; (3) behaviors being exhibited presently by the subject as reported by significant others (teachers, parents, siblings, peers); and (4) observation of the subject by the counselor in the course of their relations.

The MMPI scales, selected on the basis of their adjective description, serve to discriminate between the behavior categories (Pooley et. al., 1970). The subject's scores on her MMPI profile placed her well within the BC-1 range; however, taking into consideration the other three determining factors for behavior category classification, the subject was assigned to the BC-5 category which is a combination of the BC-1 and BC-4 categories.

A BC-5 is described in the Differential Treatment manual (Bureau of Prisons, 1970) as

"usually cooperative, quiet, and passive; however, when under environmental pressure, he becomes complaining, worried and distrusting.... the BC-5 tries to adapt to his problems by a helpless kind of attachment to gangs arising from a need for direction from others rather than an overt attempt to achieve something.... BC-5s distrust authority figures but are not necessarily loyal to their peer group.... these youths appear somewhat socially inept and inadequate.... they attempt to convince others of their maturity and are reluctant to open up in establishing relationships with others.... Families of BC-5 youths are notably disorganized, even when compared to other delinquent families.... Alcoholism is a frequent problem with the parents and parent surrogates of the BC-5s.... the BC-5 youth harbors a deep sense of rejection and lack of trust in adults."

It will become evident later in this paper when the subject is described in detail that this behavior category is an accurate representation of the subject and her situation.

The treatment strategy recommended for a BC-5 focuses on two broad areas of concern: (1) the subject's inability to establish a trusting relationship with adults, and (2) social learning deficits which prevent the subject from functioning adequately in the society in which she lives (Bureau of Prisons, 1970).

The Rogerian technique of showing Unconditional Positive Regard (Rogers, 1951) was chosen by the counselor in order to foster the development of a trusting relationship; i.e., at every contact with the student, the counselor was accepting, showing genuine interest and sincerity regardless of how

the subject was choosing to behave. If, for example, the student did not show up for an appointment, the counselor would avoid admonishing her, and would instead respond by telephoning or going to her home and saying, "I missed you today, how's everything going?" In this way, the subject learned that she was liked and cared about just for being herself; that she was not regarded as a performer who must perform acceptably or be rejected.

At the same time, however, the counselor sought to deal with such specific behaviors as truancy, not completing assignments, not studying for tests (all of which were causing failures in the school setting) by devising a behavior modification program using both token and social reinforcement within the counseling setting (Pollack, 1969).

C. Ethical Considerations

Attempting to manipulate the behavior of another human being presents a whole realm of ethical and moral problems; but assuming that offering constructive help to another person in the form of counseling, designed to change behaviors which are hindering or destructive to the client, is ethically acceptable, the counselor will confine her comments to the ethical considerations which are unique to this particular case.

Since the subject is a youth and is still legally

under the jurisdiction of her parents, it was necessary to obtain parental permission for the subject's participation in the project.

The proposed change of environment will involve taking the youth out of the home, removing her from the direct influence of her parents. The counselor was very aware of the implications of suggesting such a move, both for the subject and for her parents. The move can be made only if the parents are in complete agreement.

The subject herself is an individual with rights which must be carefully considered by the counselor. Parental permission is merely a formality making it possible for the counselor to present the subject with an invitation for the change of environment. The student must not feel pressured or compelled to comply, but must be given to understand that the option is open to her and the decision is entirely up to her.

It is also the counselor's responsibility not to misrepresent her intentions. The change of environment is not a vacation plan for the student; it will be conducted much like a workshop for the purpose of learning and growing.

D. Hypotheses

1. The counselor hypothesized that the development and maintenance of a trusting relationship between subject and counselor will open the door for the student to risk developing meaningful relationships with other significant adults.

2. The counselor also hypothesized that the environmental conditions which have played an important part in the subject's maturation have been supportive of mal-adaptive behavior. By removing the subject from the handicaps of these surroundings and exposing her to a new setting where expectations are less stifling, the learning of new social skills will take place much more effectively.

Therefore, the counselor decided upon two preliminary goals: (1) to establish a trusting relationship of mutual respect and understanding with the subject outside of the oppressive environments of home and school, and (2) to offer a new environment and make it attractive enough that the subject will feel comfortable and be willing to try to adapt and learn to function successfully.

II. METHOD

A. Subject

"Weird, weird, weird" is probably a typical description of this 16 year old female high school sophomore.

The subject is a slender, rather attractive girl, but is usually somewhat careless about her personal appearance (unkept hair, dirty nails). Her manner of dress and hair style are designed to call attention to herself; the clothes are not fancy or expensive, but unique in style. The mother is a good seamstress and makes most of the subject's clothes to order in accordance with the teenager's every whim. The subject is artistically talented. Her art work and clothes designs show a creative flair that is definitely worthy of development.

Peers tolerate her but say she doesn't "fit in." The subject rarely associates socially with others her own age. She has sought out the company of a drug-oriented college crowd in order to achieve an identity and status which is very important to her.

Teachers express frustration and concern for the subject's seeming inability to "adapt and apply herself" academically. Achievement in school is far below expectations according to indicators of her capabilities. Teacher Comment Forms reveal that the student performs satisfactorily "in class" but almost never turns in any assignments and does poorly in test situations. Her teachers are convinced of

the subject's general intelligence saying that as infrequently as she comes to school, she is still able to make passing grades in many of her courses.

Consultation with school administrators disclosed a high rate of absenteeism enhanced by "fakey" parental excuses and forged class entrance slips. During a school day, the subject is notorious for her disappearing act; i.e. being present for several periods, then nowhere to be found for a period or two, and then present again. Variations of this pattern such as coming late and/or cutting out early were also present. In the school environment, the subject is aloof, unpredictable, rebellious, and detached from her surroundings.

At the time she was referred to the project, the student was failing two courses, was absent from school on an average of once or twice a week, and was skipping at least one and usually two or three classes on the days she was at school. She had reacted uncooperatively to attempts by both the sophomore guidance counselor and the school psychologist to identify the causes of her inappropriate behavior. During a professional conference with the counselor, the school psychologist commented that

he had been "unable to break the ice.... couldn't seem to get through to her."

In the family situation, the subject could be described as really "snotty" and "bitchy". She is impolite, demanding in a childish "I want" fashion; she sulks and acts as if the whole scene is an unbearable bore or an absolute drag. (The home environment will be described in the section of this paper entitled Setting.)

Remnants of this same kind of behavior transfer themselves to the subject's relationship with the counselor, but generally the student is cooperative, quiet, and passive when relating in a non-threatening situation.

With boys, the subject becomes sweet, sexy, and accommodating. Reliable sources of information have reported to the counselor that the subject has a reputation for "loose" sexual behavior.

A number of behavioral clues combined with information as to the company she was keeping, led the counselor to believe that the student was involved, to some degree, in the drug scene. Most of the subject's companions are college age and most of the "hang-outs" where she spent much of her time are rumored to be "pads." Besides the very real dangers of physical and psychological damage which

can result from drug abuse, the subject is also risking being picked up in a raid -- thus, the beginning of a criminal record.

To summarize, this teenage girl has the remarkable ability of being able to present herself as she wants to be perceived, and manipulating her environment to meet her own needs.

B. Setting

With her mother, father, and two brothers, the subject resides in a deteriorating, small, dirty, bug-infested house near the downtown area of a town of 20,000 population.

The family would probably be classified as upper-lower class. The father is periodically out of work due to the seasonal nature of his job, so the financial status of the family fluctuates.

The house is in complete disarray most of the time and there is almost no organization, planning, or structure to the family scene. The subject reacts to this by being disorganized and irresponsible in her personal life as well.

The "head of the household" might be described as a full-grown child. His interest in the family seems to be

very superficial. He is rarely at home, drinks heavily, parties a lot, and associates mostly with fellows ten to fifteen years his junior. The subject regards him as a token father, and speaks of him as if he were a cartoon character, a joke.

The mother is a full-time housewife who sits around the house wallowing in self pity. She derives pleasure from doing things for "the kids"; waiting on them to the extent that they are not required to accept any responsibility. The subject takes advantage of her mother to the fullest -- accounting to some extent for the subject's social inadequacies mentioned earlier as one of the two major areas of concern.

The brothers, one older (a college sophomore) and one younger (8th grade) are described by the mother as over-protective and critical of their sister. From interactions between the siblings observed by the counselor, the older brother has assumed a bossy and judgmental attitude in relating to his sister, while the younger boy ignores her and dismisses her in a sullen, off-handed manner.

The subject indicates a lack of respect for her parents;

these family interactions have certainly contributed to the subject's rejection of adults and/or authority figures.

For the purpose of observing the subject in a number of different environments, the counseling situation was controlled to include six specifically significant settings: (1) school, (2) restaurants, (3) the subject's home when only the subject and counselor were present, (4) the subject's home when others (family members and/or friends) were also present, (5) a snack shop-grocery store where the subject was employed part-time, and (6) the counselor's residence.

C. Procedures

After consultation with her husband and the D.I.P. director, the counselor set as a primary goal -- to get the subject to feel comfortable and accepted enough, both in the counselor's presence and in the environment of the counselor's place of residence, that she would accept an invitation to live with the counselor for a number of weeks during the summer months.

While getting to know the subject, the counselor noticed that the number of cigarettes smoked by the student seemed to be directly related to her level of anxiety; i.e., the more anxious she was, the more cigarettes she smoked, and setting seemed to strongly influence the anxiety level.

To check this out, the counselor devised a chart on which was recorded the number of cigarettes smoked by the subject during ninety minute counseling periods in the six different environments itemized above.

Since the counselor is a smoker, she regulated her smoking to lighting up only after the client had done so. During this experimental phase, the counselor was seeing the subject on an average of twice a week for approximately two hours at each meeting. The setting for each meeting was randomly chosen according to the subject's preference and/or circumstances making one setting more practical than another.

When counselor and client reached the decided upon locale and were seated and conversation had begun, the counselor would check her watch and keep mental note of the number of cigarettes smoked by the subject in a ninety minute period. Upon reaching home after each meeting, the counselor would record the setting, date and number of cigarettes smoked by the client. Many times, for various reasons (subject running out of cigarettes, meeting terminating before 90 minutes, etc.), the count was invalid and was not recorded.

When the counselor had two valid entries for each setting, she compiled the results on the charts represented by Figure I and Figure II. The findings provided the counselor with a basis for evaluating her efforts to make the subject feel comfortable in the environment of the counselor's residence.

The charts show that the client definitely feels most relaxed and unthreatened in her own home when no one else is present. Having determined this, the counselor then set out to reduce the number of cigarettes smoked by the subject at the counselor's residence to the same number as are generally smoked by the subject in her own house when no one else is home. From this point on, the counselor's residence was used as the counseling setting as often as possible, and the counselor began keeping record of the number of cigarettes smoked by the subject during a 90 minute period at each meeting.

Each meeting also served to continue the developing relationship and help the subject cope with immediate problems, which in turn caused the subject to begin showing signs that she valued the friendship and gradually was feeling more and more comfortable with the counselor and in the counselor's residence.

The counselor worked steadily on such things as encouraging the student to be more regular in her school attendance and complete home work assignments. Since a lack of funds always seemed to be a complaint of the subject's, the counselor set up a token reinforcement system whereby the subject could earn points for every full day of school attendance, every assignment turned in complete and on time receiving a grade of C or above, every test paper exhibiting a C or above grade, and every session with the counselor for which the student was in the appointed place on time. The points accumulated could be cashed in for things of the subject's choice such as books, magazines, cigarettes, movies, etc. Although the counselor was unaware of it at the time, this approach was doomed to failure because of the subject's skill at manipulating her parents. Since the counselor had no control over the amount of money the subject was able to wangle out of her folks on the sly, the motivating factor of the token reinforcement schedule was defeated.

Another attempt to offer the subject an opportunity for earning extra money also met with little success. The student made numerous remarks about wishing she could find a part-time job. The counselor responded and questioned the subject

about marketable skills. The student's artistic talent seemed to be the most promising possibility. The counselor contacted a friend who owned a snack shop-grocery store in a college dorm and it was worked out that he could use someone with artistic talents to make some decorative posters and signs for the store. The subject was enthusiastic and excited about the job first, but when it actually came down to getting the job done, she couldn't come through.

In spite of the above-mentioned frustrating experiences, the relationship continued to grow. The continuing efforts and interest of the counselor had a very positive effect on the subject, and the counselor learned a great deal about the teenager through these experiences.

The subject began to open up more and more in her communication with the counselor, discussing school problems, family conflicts, boyfriends, and finally even the drug involvement. Since the subject is resentful of authority figures, the counselor maintained a non-directive client-centered approach, empathizing and pointing out irrational thinking, but in a non-judgmental way.

Shopping trips, outings to the beach, discussions of the subject's astrology interests, praise and admiration of the

student's art work, academic assistance; in general sharing as many experiences as possible with the subject served to enhance the relationship.

As the subject continued to feel more comfortable in the counselor's presence, she also seemed to feel progressively more at ease in the counselor's place of residence. During the first few visits, the subject behaved as a guest asking to use the bathroom, etc. The counselor, however, persisted in a "make-yourself-at-home" campaign. Gradually, the subject ceased asking permission and began to take her presence for granted. She was encouraged to help herself when the coffee pot was on, raid the refrigerator if she liked; she accompanied the counselor on walks with the counselor's dog; she retrieved the mail from the box when going by; she answered the telephone, operated the TV and stereo; and, she smoked fewer and fewer cigarettes as the weeks went by.

The counselor make it a point to place clean ashtrays out when the subject was due to visit. On returning from driving the subject home, the counselor would count the number of cigarette butts of the subject's brand in the ashtrays and record it on the chart reproduced in Figure III.

D. Results

By first obtaining a representative sample of the subject's anxiety level in different settings (as evidenced by the number of cigarettes smoked), the counselor established a basis for evaluating the success of efforts to enable the subject to feel comfortable, relaxed, and secure in the company of the counselor and in the new environmental setting of the counselor's place of residence.

As can be noted in Figure III the number of cigarettes smoked by the subject during a 90 minute period in the counselor's residence has leveled off after 13 weeks to between one and three which is comparable to the number smoked in the environment where the subject was found to be most comfortable (her own home when no one else was present); thus indicating that the counselor has succeeded in lowering the subject's anxiety to a comfortable level in the new environment.

Due to the short period of time between pre and post testing, very little over-all change is evident on the MMPI. However, a few significant changes seem to support the counselor's findings. Specifically, the Anxiety scale -- T score dropped from 73 to 64 from pre to post test respectively.

The Critical Item Scale, indicative of serious mal-adjustment, showed the extremely high score of 22 on the pre-test and came down to 12 at the post-testing, still high but certainly evidence of significant change. The LB scale (Low Back) is interpreted in the MMPI Reference Guide (Institute of Clinical Analysis, 1970) as follows: "Patients who have an emotional need for remaining ill, especially when the element of 'secondary gain' is obvious, very frequently produce a neurotic type profile combined with an LB score of 11 or more..." The subject's pre-test LB score was 14; the post-test score dropped to 11. The counselor views this change as especially important in that the student tends to use her socially unacceptable behaviors to get what she wants -- attention, sympathy etc. as discussed earlier in this paper. The use of unconditional positive regard in the counseling relationship was directed toward convincing the subject that she is worthwhile in herself: that she doesn't have to be neurotic, or weird in order to be accepted and cared about. The drop in the LB scale score suggests that the subject is beginning to feel less need for "remaining ill."

The student's acceptance of the invitation to live with the counselor represented a successful conclusion to the counselor's preliminary efforts.

III. CONCLUSION

The philosophy represented by the old saying -- Prevention is the Best Medicine -- can be applied to the social disease we call Juvenile Delinquency. By learning to identify its early symptoms and treating it before it develops into something more serious, Juvenile Delinquency can be prevented.

Although the subject in this study has no criminal record, chances are she would not have made it through high school without getting into trouble with the law.

By recognizing the signs and referring the students early for special help, the high schools can play an important role in the delinquency prevention effort; but only if there is a competent referral source to which the school can make its recommendations.

The Delinquency Intervention Project is the type of workable plan which could be incorporated into high schools all over the nation. It is both inexpensive and efficient; but above all, it has been proven effective by three years of research in dealing with delinquent-prone youths.

This case history is just one example -- a testimonial -- to the value of Delinquency Intervention.

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First Recording

Locations	Cigarettes										
	0	1	2	3	4	5	6	7	8	9	10
School					X						
Restaurants								X			
Subject's Home (alone)			X								
Subject's Home (others present)							X				
Job								X			
Counselor's Residence							X				

FIGURE I

Second Recording

Locations	Cigarettes										
	0	1	2	3	4	5	6	7	8	9	10
School					X						
Restaurants								X			
Subject's Home (alone)		X									
Subject's Home (others present)					X						
Job							X				
Counselor's Residence						X					

FIGURE II

Figures I and II represent the number of cigarettes smoked by the student in each of the seven chosen settings on two different occasions.

Counselor's Residence

Cigarettes	Weeks												
	1	2	3	4	5	6	7	8	9	10	11	12	13
10													
9													
8			X										
7	X												
6		X			X								
5				X									
4						X	X		X				
3								X			X		
2										X			X
1												X	
0													

FIGURE III

Figure III represents the number of cigarettes smoked by the subject over a 13 week period in the setting of the counselor's residence.

Note: The noticeable rise the third week could be accounted for by the fact that the counseling session was devoted to discussing the results of the student's MMPI which may have been especially anxiety-producing for the student.

**The Differential Treatment of
Drug Abuse**

by

Rod W. Parker

**Graduate Counselor
with the
Delinquency Intervention Project**

**Center for the Study of
Crime, Delinquency, & Corrections**

**Southern Illinois University
Carbondale, Illinois**

June 1971

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A B S T R A C T

This is a study of a white, male, fifteen year old high school sophomore who, because of certain deviant behaviors, (i.e., drug usage, truancy, running away from home, and promiscuity) came to the attention of school guidance personnel. The subject was subsequently referred to the Delinquency Intervention Project.

Certain treatment methods were used to approach behavioral objectives which would enable the subject to function more acceptably in the home, school, and community. The subject was pre-tested on the MMPI (Minnesota Multiphasic Personality Inventory) to classify the student into a Behavior Category (BC). Several MMPI scales were selected as behavior category predictors. Treatment was administered according to a strategy shown to be effective for that particular Behavior Category.

Treatment objectives were to modify the subject's behaviors toward acceptable standards. It was believed that if treatment was successful, post-testing on the MMPI would reveal a significant change in scores relevant to the behavior category.

INTRODUCTION:

This case first came to the attention of the Delinquency Intervention Project in November 1969. The subject was exhibiting behaviors in school, home, and community which were unacceptable (i.e., drug use, truancy, running away from home, and promiscuity). At that time, the subject was assigned to a "big brother" type counselor from the Delinquency Intervention Project and an MMPI was administered.

Treatment strategy at that time involved primarily a "big brother" relationship wherein the subject was encouraged to discuss his problems with a counselor who would then attempt to teach the subject how he might cope with such problems.

Treatment in the initial stage was a non-directive, non-intervention strategy, since the subject was involved in another treatment program at that time. It was believed that a non-directive, non-intervention approach would be more appropriate to the subject than directive, intervention treatment since the latter might confuse the subject.

The subject was involved in the use of drugs. He apparently uses drugs to escape an aversive home situation. His use of drugs creates a generalized anxiety which characterizes his behavior. He seems to find it difficult to cope with his

home situation whereas life outside the home is rewarded by lack of discipline, and a relative independence that the subject seeks.

However, the subject has a need to love and to be loved. He periodically returns home to attempt a reconciliation but eventually returns to the "streets" and his maladaptive patterns of behavior. His need to feel worthwhile to himself and to others is characterized by his willingness to work when given the opportunity, and by his efforts to test the sincerity of the counselor and significant others. This youth seeks independence but is dependent. He lacks insight into the consequences of his behavior, and complicates his life by the use of drugs, and his inability to adapt to challenging situations.

In January, 1971, the subject was withdrawn from school by his parents and admitted to Anna State Hospital. At that time, the family doctor diagnosed the subject's condition as seriously debilitatory due to repeated drug usage. This circumstance removed the subject from the purview of D.I.P. temporarily.

After a short stay in the hospital (perhaps 2 weeks) the subject was released to an out-patient behavior modification program designed and administered by hospital interns. However, the contingencies designed into the behavior modification program (See Appendix D) proved to be too severe for the subject's coping ability. Consequently, he left home and returned to his "street scene." (The subject later admitted that he agreed to the behavior mod. program in order to obtain release from the state hospital.)

On January 28, 1971, the subject's parents telephoned the Delinquency Intervention Project director to determine the subject's whereabouts. The parents were referred to D.I.P. by the local drug crisis center. Consequently the subject was located living outside the home, using drugs, remaining truant from school, and engaging in a variety of delinquent behaviors common to the drug subculture. It was at this time that the subject's parents declared him legally "delinquent" through the Jackson County Court and requested that a delinquency petition be prepared in order to relieve the parents of responsibility for his delinquent acts.

During the first week of February, the subject was contacted and encouraged to come to the D.I.P. project offices to discuss his present status. He agreed to do so and a meeting was called with this D.I.P. counselor, the subject, and the project director. At this time, the subject expressed a willingness to alter his behavior. He was then re-assigned to the Delinquency Intervention Project.

On previous occasions, the subject had been tested on the Minnesota Multiphasic Personality Inventory (MMPI). However, since his last testing, certain methods had been implemented within the project which provided classification and treatment not previously used. Prior to testing this subject on this occasion, an analysis was made into his previous test profiles using A Manual for Delinquency Intervention Counselors (Pooley, Parker, Williams, O'Neill, 1970).

An analysis of previous scores (November, 1969) on the MMPI indicated the subject merited classification into Behavior Category II (See Appendix A). The subject's emotional disturbance index was 149, with an 84% probability for moderate disturbance. Clinical scale analysis revealed the subject had a marked propensity toward delinquent behaviors.

The hypothesis was that successful treatment would be reflected by changes in MMPI scores appropriate to the assigned behavior category objectives. This concept is explained in the "methods" section of this paper.

THE SUBJECT:

The subject is a white, male, fifteen year old sophomore in Carbondale Community High School. His main difficulty lies in his repeated use of drugs and associated maladaptive behaviors such as truancy, promiscuity, staying away from home, and acting out. These behaviors in turn create an inability to function adequately in home, school, and the community.

The subject is characterized by anxiety, fear, internal conflict, a poor self-concept, and a generally negative attitude toward himself and others. He is willing to verbalize that something is wrong but cannot understand why he keeps getting into trouble.

He is demanding and unsure of himself and others but has the capacity to form satisfactory interpersonal relationships. While he is capable of assuming some responsibility for his actions, he is incapable of carrying them out consistently.

He has status and prestige concerns, but is able to think about the future in a relatively realistic way, although there is some distortion.

His many experiences leading to the development of fear and avoidance have generalized so widely that anxiety appears to be constantly with him. His behavior is frequently directed toward resolving immediate pressures with little thought to long-range consequences.

His achievement was high in elementary school but after entry into high school, he began to achieve below his capacity. His repeated delinquent behaviors brought him to the attention of school authorities who originally referred him to the D.I.P. in November, 1969.

The subject's family consists of mother, step-father, older brother (18 yrs.) and younger half-brother (11 yrs.). His eighteen year old brother also uses drugs. There is some evidence that the parents inadvertently reinforce drug use among the boys. Drug use has become a monumental issue especially with the mother. Consequently, the issue receives a great deal of attention.

On those occasions when the subject is living away from home, he "crashes" wherever he has ready access to drugs. He has been hospitalized on one occasion for hepatitis. He seeks the company of older girls whom he exploits sexually. He does not work but chooses instead to sell drugs to obtain his spending money. His life outside the home is at best transient.

TREATMENT SETTING:

The treatment setting chosen was one which enabled the subject to feel most at ease with himself and the counselor. The counselor operates a small store where the subject became employed. This afforded daily contact with the subject as well as exposing him to a variety of social transactions. Additional settings were established periodically which included community facilities (parks) and the Center for the Study of Crime, Delinquency, and Corrections, Southern Illinois University, Carbondale, Illinois.

PROCEDURE:

On March 23, 1971, the subject was re-tested on the MMPI. His emotional index at that time was 99 with an 82% probability for significant disturbance, and an increased probability for delinquency. His Anxiety Index was 91, his Dissimulation Scale registered 15 and his Ego-defensiveness Scale measured 39. (See Appendix B). On the basis of these data together with baseline behavioral observations, the subject was classified into Behavior Category II, and a treatment program was designed.

The primary difference between a BC-II and other subjects is that a BC-II is characterized by his anxiety (Bureau of Prisons, 1970; Quay and Parsons, 1970). Consequently, a program was designed that would reduce anxiety and establish a realistic self-concept.

FOI

The treatment objectives under this program were:

1. To reduce or resolve subject's internal conflicts
2. To reduce subject's fear of his own needs and impulses.
3. To modify self-image in direction of greater capacity for enjoyment and happiness, sense of personal worth and potential to self and others.
4. To foster greater awareness of actual strengths and weaknesses.
5. To develop more accurate perception of who subject is and who he really wants to be.
6. To increase level of functioning in home, school, and community.

One of the objectives was to improve the subject's ability to function in his home. Meetings with the subject, his brother and his parents were instituted to attempt a family integration. The counselor and project director were co-therapists for this group. Individual counseling of the subject was continued as well.

Reinforcement (i.e., getting paid for regularly worked hours, social rewards such as boat rides), was administered for appropriate behaviors or approximations of appropriate behaviors that were consistent with treatment objectives.

Individual counseling with the subject was based on the principals of Reality Therapy (Glasser, 1965). Reality Therapy teaches three basic steps to successful treatment:

1. Become involved with the patient
2. Rejection of unrealistic behavior but acceptance of the subject and maintenance of involvement.
3. Teach better ways to fulfill needs.

Reality Therapy assumes that two basic needs operate in all of us:

1. The need to love and be loved.
2. The need to feel that we are worthwhile to ourselves and to others.

(For a more detailed description of Reality Therapy see Appendix E).

A primary objective for this BC-II subject was to improve his functioning. It was believed that other BC-II objectives (i.e., resolution of internal conflict, reduction of fear of needs and impulses, more accurate self-perception) would be reached as a result of the primary objective.

The subject was encouraged to re-enroll in school in the Fall Term, and to pursue an educational endeavor which would support that enrollment. He was instructed to participate in weekly group meetings with parents and brother, and to seek gainful employment (the job at the counselor's store was temporary employment used to shape pre-vocational skills, i.e., work habits).

Various outside agencies such as (LIFT) a teacher corps program, and SYNERGY (a drug crisis center) were utilized to facilitate treatment. Through group sessions and individual counseling, the subject was reunited with his family under the following conditions:

1. No use, sale, or storing of drugs in the home.
2. The subject must conform to the rules of the home, i.e., each member is expected to maintain his personal living areas.
3. Subject's peers cannot come to the home.
4. Subject is not to come home under the influence of drugs.

In return, the subject's parents agreed to continue weekly group therapy sessions to gain insight into their actions.

The subject was taught better ways to fulfill his needs other than through drugs. He was exposed to a variety of social situations and encouraged to participate rather than withdraw. Participation in common social interactions was rewarded, withdrawal was not. The subject was taught through counseling that while some behaviors were socially unacceptable, they were not necessarily "bad". "Good and bad" was not the issue. Success or failure, that was the issue.

The subject was encouraged to explore the consequences of his various social encounters and rewarded when he displayed the proper attitude toward such consequences. Treatment of the subject, his brother, and subject's parents proceeded until the termination of the project in June, 1971.

EVALUATION.

A pre-test and post-test MMPI was administered and processed at I.C.A. (Institute of Clinical Analysis). The MI (multiphasic index), the probability statements of disturbance, and the tendency toward delinquency as measured by clinical scales 4, 8, and 9 were used as criteria. Successful treatment was measured by the degree to which post-test scores approach the norm.

Scales for classification in particular Behavior Categories were selected on the basis of the degree to which they differentiated between Behavior Categories, as well as their ability

to show an adjective similarity to a particular category description.

A Manual for Delinquency Intervention Counselors, (Pooley, Parker, Williams, and O'Neill, 1970).

Individuals whose pre-test scores are within the range established for a Behavior Category are classified accordingly.

The primary scale in BC-II is the AI (Anxiety Index) (Walsh, 1952). This index distinguishes between other categories in that individuals scoring within this category are characterized by their anxiety.

The Ed (Ego-defensiveness) scale (Dishman & Dunlop, 1967) classifies individuals into a Behavior Category because of its ability to detect subjects who are being overly candid, self-critical, covert or self-deprecating. These attributes are some of the characteristics of a BC-II youth (Quay and Parsons, 1970).

The Ds (Dissimulation) scale (Gough, 1954) classifies individuals into BC-II on the basis of its ability to differentiate between verbalizers and non-verbalizers; BC-II youth are verbalizers.

These scales together with behavioral data were used to classify the subject into Behavior Category II. MMPI scales (L, K, F, Q) provide an indicator of the validity of responses to the MMPI, thus increasing the probability of proper classification. When scale scores drastically differ from known

behavioral data, a check of the validity scales may indicate the subject is faking-good, faking-bad, or malingering in his test-taking behaviors, or trying to present a facade of normalcy inconsistent with his behavioral data. In this case, adjustments on appropriate scores are made to determine proper classification.

RESULTS.

Post-testing following treatment of this subject indicates that he scored 96 on the Multiphasic Index, and has a probability for significant disturbance of 36%. His AI (Anxiety Index) registered 58; he scored 11 on the Ds (Dissimulation) scale, and 55 on the Ed (Ego-defensiveness) scale. The scores on scales Pd-4, Sc-8, and MA-9 (Delinquency Triad) indicate a reduction in probability for delinquency (See Appendix C).

Post-testing scores compared to pre-test scores appear to substantiate the hypothesis (see Table 1).

SELECTED MMPI SCORES FOR SUBJECT IN
BEHAVIOR CATEGORY II

MMPI SCALES	NORM	PRE 11/28/69	POST 6/7/71	CHANGE
AI	50	93	58	-35
DS	35 or less	32	11	-21
ED	45 to 65	25	55	+30
MI	65 to 72	149	96	-53

MMPI SCALE	NORM	PRE 11/28/69	POST 6/7/71	CHANGE
PD-4	40 to 60	95	95	0
SC-8	40 to 60	98	58	-40
MA-9	40 to 60	91	61	-30

TABLE 1

DISCUSSION.

These data suggest the subject has a good prognosis for continued adjustment. Whether progress will be maintained outside the counseling condition depends on two main factors: the consequences that are attached to demonstrations of his ability to stay away from drugs, and the consequences attached to his functioning in a family situation.

In view of these factors, it was believed that a change in environment would benefit the subject upon termination of the D.I.P. project. Therefore, the subject was encouraged to enroll in a drug therapeutic community at Tinley Park, Illinois, operated under the aegis of the Illinois Drug Abuse Program, Department of Mental Health. On July 15, 1971, the subject volunteered to enroll in the program.

The subject will remain in this program for an indefinite period of time depending on the rate of his adjustment. During this time, it is anticipated that a more satisfactory home atmosphere can be established. Consequently, he may return to a more stable home environment and be free of his drug problem.

APPENDIX A
MMPI PRE-TEST DATA

INSTITUTE OF CLINICAL ANALYSIS

1000 E. Broadway, Glendale, Calif. 91205

MMPI - ICA REPORT

DATE PROCESSED...11/22/67

SUBJECTS NAME OR
IDENTIFICATION NO.

TEST
DATE

TEST
NO.

ACC.
NO.

ICA
ID NO.

AGE 14, MALE, 11/24/69 0057946 01623 07 01

CENTER FOR THE STUDY OF CRIME
DELINQUENCY AND CORRECTIONS
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901

--- MULTIPHASIC INDEX EVALUATION ---

MI, EMOTIONAL DISTURBANCE INDEX... 149

RANGE 65 TO 150. SCORES OF 90 AND UP REFLECT INCREASING DEGREES
OF EMOTIONAL OR PERSONALITY DISORDER, I.E. 90 TO 99 MILD TO MOD.--
100 TO 115 MOD. TO MARKED--116 TO 150 MARKED. (SEE INTERPRETATION
BELOW -- IF M.I. IS A SOFT NUMBER BETWEEN 90 AND 99, THIS INDICATES
A FACADE OF ADEQUACY WITH A LIKELIHOOD OF MORE CONFLICT THAN THE
M.I. SIGNIFIES).

PROBABILITY OF
LOW DISTURBANCE

PROBABILITY OF
MODERATE DISTURBANCE

PROBABILITY OF
MARKED DISTURBANCE

2

84 2

15 2

INTERPRETATION...

THE MI, MULTIPHASIC INDEX, REFLECTS AN EMOTIONAL DISORDER OF MARKED
SEVERITY. RESPONSES ARE INAPPROPRIATE, UNREALISTIC AND SELF-
DEFEATING.

THIS PATTERN IS USUALLY CONSIDERED AN ADOLESCENT MALADJUSTMENT REAC-
TION. IT IS OFTEN ASSOCIATED WITH DELINQUENCY, USUALLY THE RESULT OF
INEPTNESS, MISUNDERSTANDING, EMOTIONAL CONFLICTS, OR SIMPLY FOLLOWING
THE GANG. THESE PERSONS ARE OVER-DEPENDENT BUT ACT THE OPPOSITE.
THEY FEAR CLOSE EMOTIONAL TIES BECAUSE OF POSSIBLE REJECTION. THEIR
BEHAVIOR IS OFTEN IRRESPONSIBLE AND THEIR EXPECTATIONS ARE UNREALIS-
TIC. THERE IS A HISTORY OF FAMILY PROBLEMS, SEXUAL CONFUSION, POOR
EGO-IDENTIFICATION AND DIFFICULTY WITH AUTHORITY. THEY TEND TO BE
NON-CONFORMING, UNPREDICTABLE AND IMPULSIVE.

SPECIAL COPING PROBLEMS...

SCHIZOID DISSOCIATION OR FANTASY IS STRONGLY INDICATED.
THERE IS EVIDENCE SUGGESTING A PARANOID TREND.
THERE IS BLOCKING OF DEEP OR POSITIVE EMOTIONAL RESPONSE, HOSTILE
REACTION TO REJECTION, AND UNRESOLVED RESENTMENT TOWARD STRINGENT

113

Q L F K HS-1 D-2 HY-3 PD-4 MF-5 PA-6 PT-7 SC-8 MA-9 SI-0

NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture,
it is an important laboratory aid in diagnosis and treatment.

AGE 14,

MALE, 11/24/69 0057946 01623 07 01

--- STANDARD AND SPECIAL SCORES ---

THE SCORES PRINTED ON THIS PAGE ARE PRIMARILY USED FOR RESEARCH. ALTHOUGH THE PRINTED REPORT INTERPRETS THEIR NUMEROUS AND COMPLEX COMBINATIONS, THE CLINICIAN MAY WISH TO STUDY THE NATURE OF EACH SCORE--FOR THIS PURPOSE REFER TO THE MMPI-ICA REFERENCE GUIDE. THE SCORES ARE LISTED IN RAW-SCORE FORM UNLESS SPECIFIED AS T-SCORES.

INDEX OR SCALE--

SCORE--

NORM--

AI	ANXIETY INDEX	93	.....	50
IR	INTERNALIZATION RATIO	.90	.....	1.00
A-R	ANXIETY-REPRESSION RATIO			
A	FACTOR--T SCORE	74	.....	45 TO 54
R	FACTOR--T SCORE	49	.....	45 TO 54
ES	EGG STRENGTH--T SCORE	30	.....	60 OR MORE
TR	CONTRADICTIONARY RESPONSE	2	.....	3 OR LESS
F-K	DISSIMULATION INDEX	3	.....	-12 TO +8
DS	DISSIMULATION SCALE	32	.....	35 OR LESS
MP	POSITIVE MALINGERING	5	.....	19 OR LESS
CA	CONTROL	35	.....	22 TO 30
EC	EGG DEFENSIVENESS	25	.....	45 TO 65
FNF	CRITICAL ITEMS	12	.....	3 OR LESS
AT	MANIFEST ANXIETY	36	.....	14 OR LESS
LB	LOW BACK	12	.....	10 OR LESS
RG	RIGIDITY DEFENSE	3	.....	3 TO 6
DY	MANIFEST DEPENDENCY	31	.....	19 OR LESS
DO	SOCIAL DOMINANCE	13	.....	19 OR MORE

-- RELATIVE ELEVATION OF CLINICAL SCALES...SEE GRAPH --

HS-1 MODERATE	D-2 MARKED	HY-3 MODERATE	PD-4 MARKED
MF-5 MODERATE	PA-6 MODERATE	PT-7 MODERATE	SC-8 MARKED
	MA-9 MARKED	SI-0 NORMAL	

-- OBVIOUS-SUBTLE RESPONSES OF CLINICAL SCALES... T SCORES --

DO-112	HYO- 86	PDO- 91	PAC- 89	MAU- 88
DS- 33	HYS- 60	PDS- 74	PAS- 48	MAS- 78

NOTE--NORMAL T-SCORE RANGE FOR OBVIOUS AND SUBTLE SCALES IS USUALLY CONSIDERED BETWEEN 40 AND 60. SCORES ABOVE OR BELOW THIS RANGE INCREASE PROBABILITY OF ABNORMAL TRAITS FOR THE SCALE IN QUESTION.

ICA CODE--210000000 .34942-0 .00000 .49098- 162 4 0 10.23-

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114

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

-104-

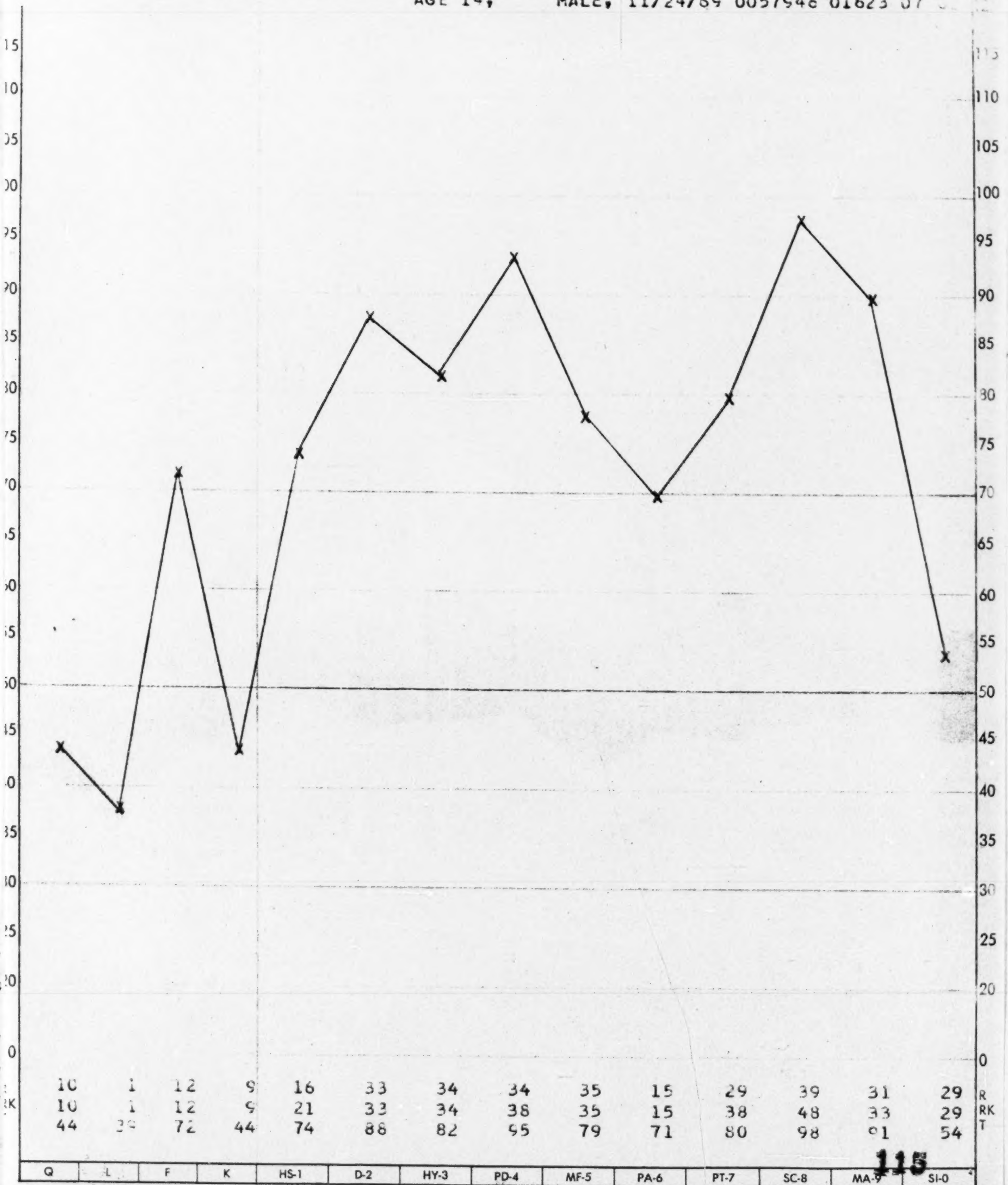
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1000 E. Broadway, Glendale, Calif. 91205

MMPI - ICA REPORT

AGE 14,

MALE, 11/24/69 0057946 01623 07



NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

APPENDIX B

MMPI RESULTS OF TESTING WHEN SUBJECT
WAS RE ADMITTED TO D.I.P.

INSTITUTE OF CLINICAL ANALYSIS

1000 E. Broadway, Glendale, Calif. 91205

MMPI - ICA REPORT

DATE PROCESSED...03/23/71

SUBJECTS NAME OR
IDENTIFICATION NO.

TEST
DATE

TEST
NO.

ACC.
NO.

ICA
ID NO.

AGE 15, MALE, 03/18/71 0089482 01623 07 01

CENTER FOR THE STUDY OF CRIME
DELINQUENCY AND CORRECTIONS
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901

MI. MULTIPHASIC INDEX.....

99

MILD TO MODERATE
ELEVATION

PROBABILITY OF SIGNIFICANT DISTURBANCE 82%

TWO SEPARATE AND DISTINCT METHODS OF APPRAISING EMOTIONAL CONFLICT
ARE SHOWN ON SCORES ABOVE. EITHER SCORE MAY SUGGEST A DISORDER BUT
CLINICAL SIGNIFICANCE IS GREATER WHEN BOTH SCORES ARE ELEVATED.

MI INTERPRETATION...

THE MI. MULTIPHASIC INDEX. REFLECTS A MILD TO MODERATE DEGREE OF
EMOTIONAL CONFLICT. SPECIFIC PSYCHOGENIC PROBLEMS ARE EVIDENT.

SUMMARY.....

THIS PERSON SHOWS A SIGNIFICANT DEGREE OF EMOTIONAL DISORDER.
THE DYNAMICS SHOWN PLACE THIS PROTOCOL IN AN UNCERTAIN DIAGNOSTIC
CLASSIFICATION.

THE SUBJECT PROBABLY WOULD LIKE TO DISCUSS PROBLEMS AND APPEARS WILL-
ING TO ACCEPT HELP. DEFENSES AND COPING ABILITY ARE FAIR AND A NEED
FOR GUIDANCE IS INDICATED.

VALIDITY.....

THE PATIENT IS VERY CONFESSIVE TO PSYCHOLOGICAL PROBLEMS WITH STRONG
UNCONSCIOUS. IF NOT CONSCIOUS. FEELINGS OF INADEQUACY OR SELF-
EFFACEMENT.

PERSONALITY DESCRIPTION.....

AMONG HOSPITALIZED PATIENTS, DIAGNOSES RUN THE GAMUT ON THIS PATTERN WITH
LITTLE STAFF AGREEMENT. THIS IS AN IMPULSIVE, DIFFICULT PERSON WITH
LOW FRUSTRATION TOLERANCE AND DEMANDING DEPENDENCY NEEDS WHICH NEVER
SEEM SATISFIED. HISTORIES USUALLY REVEAL DRUG USE, HEAVY DRINKING,
UNSTABLE WORK, MULTIPLE LOVE RELATIONSHIPS ENDING IN FAILURE, SEXUAL
PROBLEMS, TROUBLE WITH THE LAW AND SUICIDAL TENDENCIES. IT IS A
SELF-DEFEATING LIFE PATTERN IN WHICH THE ABILITY TO CHARM AND

117 811

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture,

AGE 15, MALE, 03/18/71 0089482 01623 07 01

COMPUTERIZED TECHNICAL DATA
SCORE PAGES

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INDEX OR SCALE--	SCORE--	NORM--
AI ANXIETY INDEX	91	50
IR INTERNALIZATION RATIO	.95	1.00
A-R ANXIETY-REPRESSION RATIO		
A FACTOR--T SCORE	50	45 TO 54
R FACTOR--T SCORE	68	45 TO 54
ES EGO STRENGTH--T SCORE	51	60 OR MORE
TR CONTRADICTORY RESPONSE	1	3 OR LESS
F-K DISSIMULATION INDEX	- 12	-12 TO +8
DS DISSIMULATION SCALE	15	35 OR LESS
MP POSITIVE MALINGERING	7	19 OR LESS
CN CONTROL	32	22 TO 30
ED EGO DEFENSIVENESS	39	45 TO 65
FNF CRITICAL ITEMS	3	3 OR LESS
AT MANIFEST ANXIETY	18	14 OR LESS
LB LOW BACK	13	10 OR LESS
RG RIGIDITY DEFENSE	4	3 TO 6
DY MANIFEST DEPENDENCY	23	19 OR LESS
DO SOCIAL DOMINANCE	16	19 OR MORE

-- RELATIVE ELEVATION OF CLINICAL SCALES...SEE GRAPH --

HS-1 MILD	D-2 MODERATE	HY-3 MILD	PD-4 MARKED
MF-5 MODERATE	PA-6 MILD	PT-7 MILD	SC-8 MILD
	MA-9 MILD	SI-0 NORMAL	

-- OBVIOUS-SUBTLE RESPONSES OF CLINICAL SCALES... T SCORES --

DO- 73	HYO- 55	PDO- 67	PAO- 64	MAO- 64
DS- 65	HYS- 69	PDS- 70	PAS- 52	MAS- 58

NOTE--NORMAL T-SCORE RANGE FOR OBVIOUS AND SUBTLE SCALES IS USUALLY CONSIDERED BETWEEN 40 AND 60. SCORES ABOVE OR BELOW THIS RANGE INCREASE PROBABILITY OF ABNORMAL TRAITS FOR THE SCALE IN QUESTION.

ICA CODE--310000000 .01851 0 .13070 .00000 164 1 0 0.39-

118

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Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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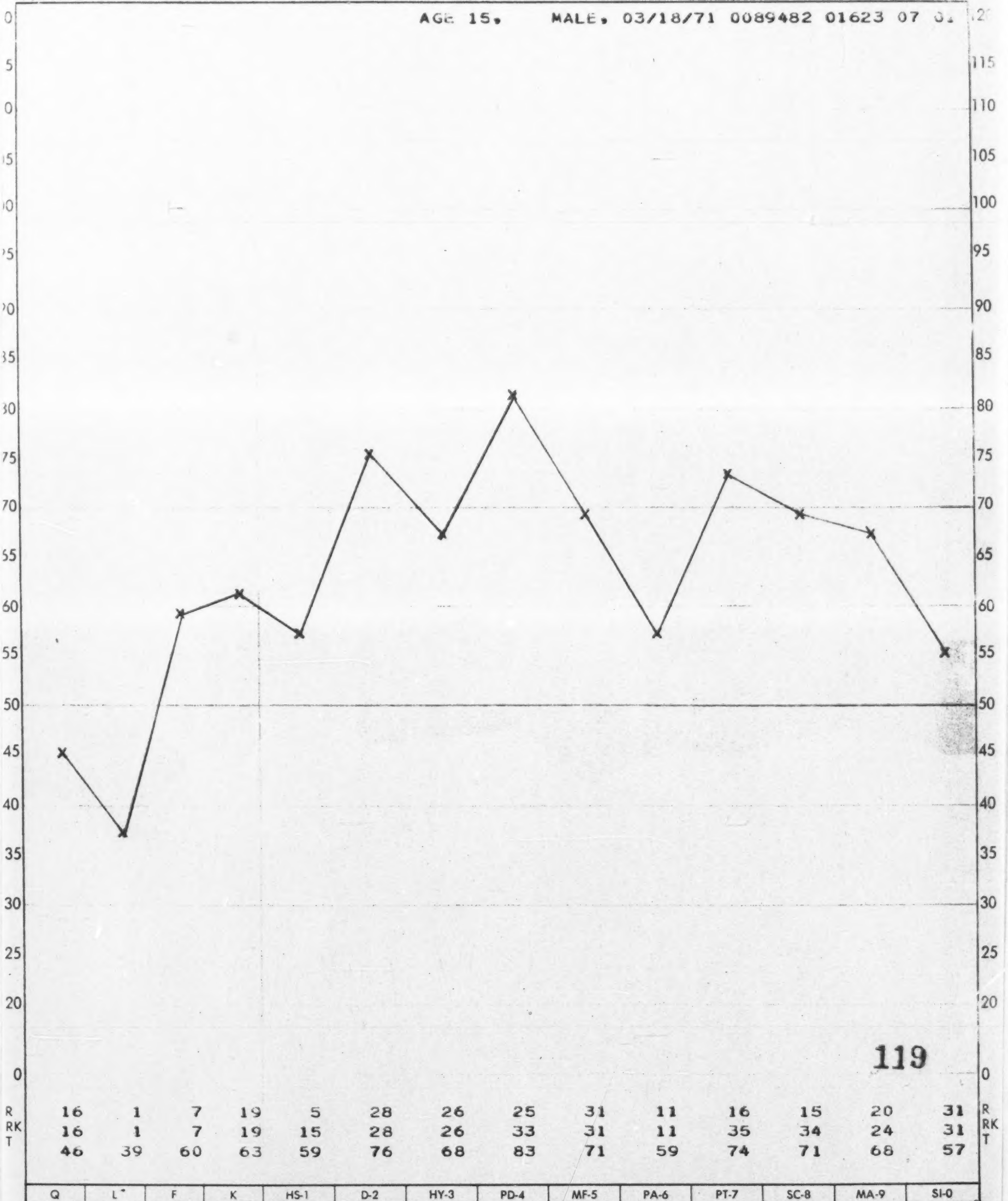
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MMPI - ICA REPORT

AGE 15, MALE, 03/18/71 0089482 01623 07 01



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APPENDIX C
MMPI POST TEST DATA

DATE PROCESSED...06/07/71

SUBJECTS NAME OR
IDENTIFICATION NO.TEST
DATETEST
NO.ACC.
NO.ICA
ID NO.

AGE 15.

MALE, 06/ /71 0095822 01623 07 01

CENTER FOR THE STUDY OF CRIME
DELINQUENCY AND CORRECTIONS
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE, ILLINOIS 62901

MI. MULTIPHASIC INDEX.....

96

MILD TO MODERATE
ELEVATION

PROBABILITY OF SIGNIFICANT DISTURBANCE 36X

TWO SEPARATE AND DISTINCT METHODS OF APPRAISING EMOTIONAL CONFLICT
ARE SHOWN ON SCORES ABOVE. EITHER SCORE MAY SUGGEST A DISORDER BUT
CLINICAL SIGNIFICANCE IS GREATER WHEN BOTH SCORES ARE ELEVATED.

MI INTERPRETATION...

THE MI, MULTIPHASIC INDEX, REFLECTS A MILD DEGREE OF EMOTIONAL
CONFLICT. RESILIENCE OR THE ABILITY TO MAKE SATISFACTORY ADJUSTMENTS
IS FAIR TO MEDIUM.

SUMMARY.....

SIGNIFICANT SIGNS OF EMOTIONAL DISORDER ARE REVEALED.
PERSONALITY TRAIT OR CHARACTER DISORDER IS THE MOST LIKELY DIAGNOSTIC
CLASSIFICATION.
THERE IS LITTLE OR NO CALL FOR HELP WHICH INDICATES A WISH FOR SELF-
SUFFICIENCY. DEFENSES APPEAR QUITE ADEQUATE. HOWEVER, GOOD COPING
ABILITY IS PROBABLY OVER-ESTIMATED. THIS SUGGESTS MORE WILLFUL INTENT
THAN TOUGH RESILIENCE.

VALIDITY.....

RESPONSES ARE NOT POLARIZED IN THE DIRECTION OF FAVORABILITY OR
UNFAVORABILITY WHICH INDICATES THE SUBJECT PRESENTS A REASONABLY
CANDID PICTURE OF HIMSELF ON THE TEST.

PERSONALITY DESCRIPTION.....

THERE IS A PERSISTENT TENDENCY TOWARD BEHAVIOR PROBLEMS...RATIONALIZATION
OF IRRESPONSIBLE, ASOCIAL URGES, DIFFICULTY WITH AUTHORITY, AND LACK
OF SOCIAL CONFORMITY.
SOME LOWERED MORALE, WORRY OR SELF-DOUBT IS ADMITTED.
INCREASED DRIVE REFLECTS A NEED TO MEET COMPETITIVE DEMANDS AND

Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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121

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COMPUTERIZED TECHNICAL DATA
SCORE PAGES

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INDEX OR SCALE--	SCORE--	NORM--
AI ANXIETY INDEX	58	50
IR INTERNALIZATION RATIO	.79	1.00
A-R ANXIETY-REPRESSION RATIO		
A FACTOR--T SCORE	40	45 TO 54
R FACTOR--T SCORE	66	45 TO 54
FS EGO STRENGTH--T SCORE	61	60 OR MORE
TR CONTRADICTION RESPONSE	0	3 OR LESS
F-K DISSIMULATION INDEX	- 15	-12 TO +8
DS DISSIMULATION SCALE	11	35 OR LESS
MP POSITIVE MALINGERING	8	19 OR LESS
CN CONTROL	26	22 TO 30
ED EGO DEFENSIVENESS	55	45 TO 65
FNF CRITICAL ITEMS	2	3 OR LESS
AT MANIFEST ANXIETY	7	14 OR LESS
LB LOW BACK	15	10 OR LESS
RG RIGIDITY DEFENSE	3	3 TO 6
DY MANIFEST DEPENDENCY	14	19 OR LESS
DO SOCIAL DOMINANCE	18	19 OR MORE

-- RELATIVE ELEVATION OF CLINICAL SCALES...SEE GRAPH --

HS-1 NORMAL	D-2 MILD	HY-3 MILD	PD-4 MARKED
MF-5 MODERATE	PA-6 NORMAL	PT-7 NORMAL	SC-8 NORMAL
	MA-9 MILD	SI-0 NORMAL	

-- OBVIOUS-SUBTLE RESPONSES OF CLINICAL SCALES... T SCORES --

DO- 55	HYO- 52	PDO- 70	PAO- 44	MAD- 60
DS- 65	HYS- 69	PDS- 85	PAS- 56	MAS- 50

NOTE--NORMAL T-SCORE RANGE FOR OBVIOUS AND SUBTLE SCALES IS USUALLY CONSIDERED BETWEEN 40 AND 60. SCORES ABOVE OR BELOW THIS RANGE INCREASE PROBABILITY OF ABNORMAL TRAITS FOR THE SCALE IN QUESTION.

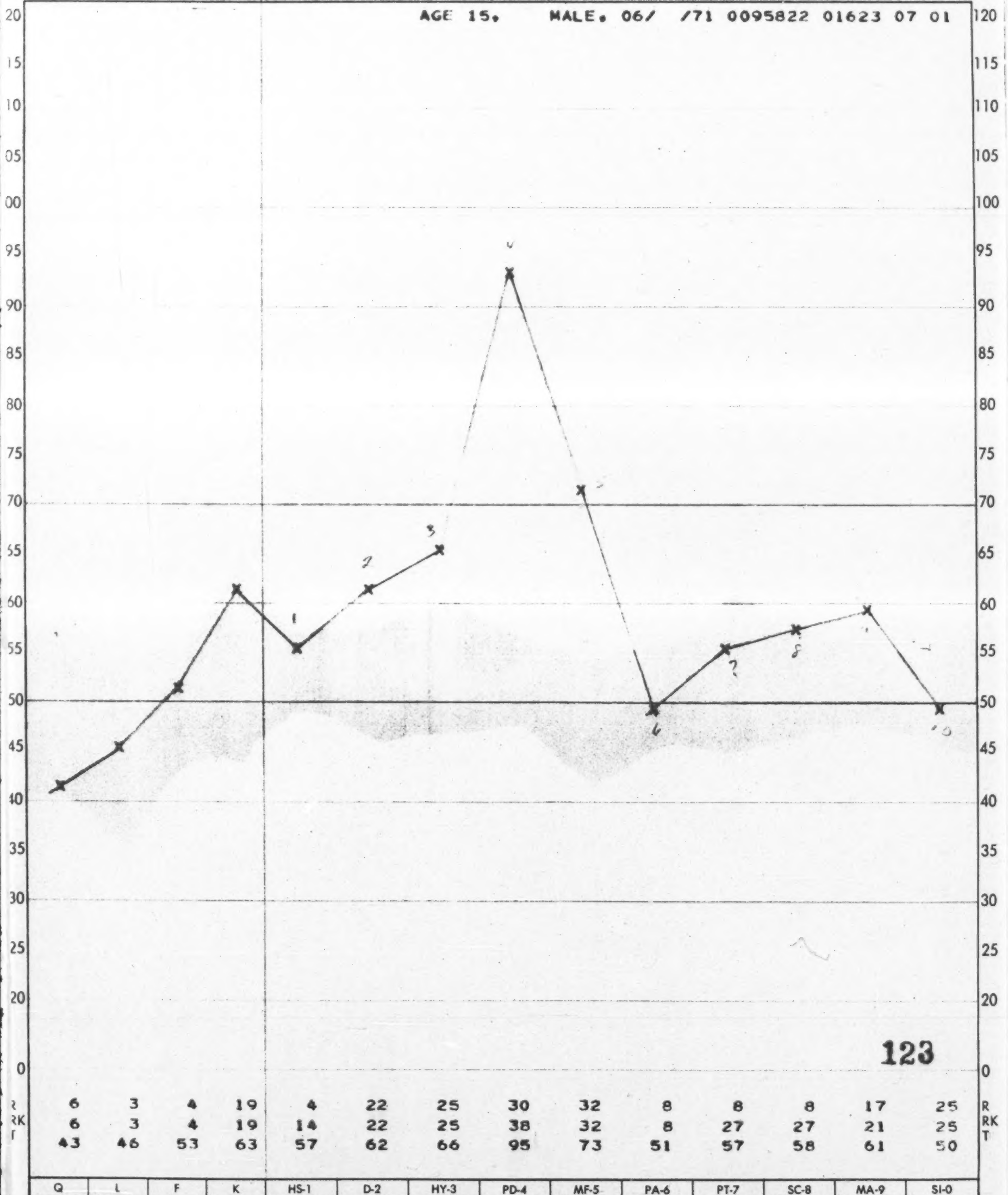
ICA CODE--110000000 .02443 0 .16669 .00000 191 0 0 7.59

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Q	L	F	K	HS-1	D-2	HY-3	PD-4	MF-5	PA-6	PT-7	SC-8	MA-9	SI-0
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AGE 15. MALE. 06/ /71 0095822 01623 07 01



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6	3	4	19	4	22	25	30	32	8	8	8	17	25
6	3	4	19	14	22	25	38	32	8	27	27	21	25
43	46	53	63	57	62	66	95	73	51	57	58	61	50

NOTICE TO PHYSICIANS: The MMPI personality summary is not definitive, but when viewed as part of the total clinical picture, it is an important laboratory aid in diagnosis and treatment.

APPENDIX D

FAMILY PROGRAM FOR SUBJECT(S)
ADMINISTERED UNDER THE AEGIS
OF ANNA STATE HOSPITAL

Family Program for Subject(s)
Administered Under the Aegis of Anna State Hospital

1. Attend school all day. S in fulfilling his end of the contract is to attend school all day. All day in school includes 8:30 A.M. to 3:30 P.M. S will be taken to school each morning by his parents. There are to be no exceptions to S's not attending school unless he has been seen by a physician and declared ill enough to remain home. During the regularly scheduled lunch hour at school, S may leave campus to purchase his lunch. He will return to the campus to attend classes once the lunch period is over. The only exception to the above will be if there is a school sponsored field trip or classroom related trip for which he has prior parental consent.
2. Attend school every day. The same conditions under the attend school all day statements are, in effect, the same for attending school every day.
3. Directly home from school. S is to ride the bus home from school every day. He may, however, attend approved after school activities, if he obtains permission from his parents in advance.
4. Two hours of study in his room (Sunday through Thursday night). S is to study in his room two hours each day either

before dinner or after dinner. He is required to study Sunday through Thursday nights. After the study period, S must present his parents with written verification that he has studied. This written verification may take two forms. He is either to take notes on an assigned reading assignment, or, if written work has been assigned, he is to show the completed written assignment to his parents. On each study night there must be a written record shown to his parents. Should S not have any assignment for a given subject, he is to read up on work assigned before he entered school and is to present written evidence of this work.

5. Overall grade of B or better. There will be daily reports from his teachers mailed to S's parents of S's academic achievement in class on that day. There must be acceptable marks made in each class for which a card has been received. The acceptable grade level will change approximately every week until the permanent requirement will be a B average. The changing of acceptable level will be communicated to S by the Program Advisor. The daily reports, because they are mailed, will usually be one day late. This means S will be accountable for any day's grade the day after the grade was given. Each night S and his parents will go over the daily report cards together. Once S has received a B average for one 9-week grading period, the teachers' daily reports and two hour study periods will be dropped from the program.

6. No drug usage evident at any time. S is not to use

152 drugs. At no time should his behavior indicate he has taken drugs. It is S's responsibility that at no time should he act,

talk, or look as if he is under the influence of drugs.

7. Weekends at home during the day. S is to spend both weekend days at home with the following exceptions: (a) Those hours on Saturday which he is working at his part-time job, (b) if he has permission from his parents to attend an approved activity. This permission must be obtained in advance of the event. (c) Until such a time as S's grades and behavior warrant a partial lifting of this condition (that time will be decided in a joint meeting of all parties concerned), S is to remain home all day on holidays. The day of the week on which a holiday falls determines what S should be doing on that day. For example, since Thanksgiving falls on a Thursday, S is responsible for two hours of study time that night and must remain at home both during the day and evening hours. Should a holiday fall on the weekend, then S may go out at night (until 12 P.M.) provided he has fulfilled his responsibilities for both the preceding week and that particular day.

8. Part-time job on weekend. S is to seek and obtain a part-time job on weekends. Ideally, the job should be on Saturday. All money earned is to be kept by S to spend as he wishes (except for drugs). He may save his money for a car, buy clothes, etc. S is to job hunt between 9-12 A.M. on Saturday and keep a written record of his efforts. His parents will take him to town and pick him up.

9. Room clean up every Friday night. S's parents will check his room each Friday night after supper. If the room is clean and straight and S has fulfilled the past week's requirements,

then he may go out that night until 12. Should the room fail to pass inspection, S will lose his Friday night out. His parents will decide on what constitutes a clean room after S and his parents get together and discuss what constitutes a clean room.

10. Assist father in Sunday chores. S is to assist his father in chores during the day Sunday. These chores may vary from Sunday to Sunday but the decision as to what chores S is to do is his father's. Primarily, the chores will involve assisting his father in cutting wood and yard work.

11. Start stove or oven at 5 P.M. weekdays. S will start supper on weekdays when requested by his mother so that the family can eat an early supper.

Parents Will Do:

1. Provide a weekly allowance of \$15.00 on Friday night if S has met all of the conditions agreed upon in this program. This includes acceptable daily grade reports, a clean room when inspected Friday night, etc. The money is to be paid S after the room inspection and before he goes out on Friday night. The \$15.00 includes lunch money. If the allowance is omitted, 50¢ lunch money will be given each day. Should S receive an A-average on his nine-week report card his allowance will be increased.

2. Allow S to go out Friday and Saturday nights from after dinner to the legal curfew (12 P.M.) S may only go out on these nights if he has successfully completed all his responsibilities during that week. His parents will take him to town and pick him up.

3. Drive S to town when necessary. Provided S has fulfilled the responsibilities listed under S Will Do his parents will provide transportation to and from town on weekend nights and to any activities of which they approve.

4. Promise car usage when S is 16. Provided S has maintained a B average and is successfully meeting the other conditions to which he has agreed, his parents will provide him either use of their car or permission to purchase a car with his own money and allow him to purchase car insurance under their policy. S must purchase his own insurance. S must have completed a student driver's course at the high school for the above conditions to be met.

5. Allow use of phone. S will only be allowed to use the phone on those days on which he has completed all that is required of him in this contract; for example, he received acceptable grade reports. This also applies to incoming calls for S

6. Allow use of the house. S may use rooms in the house other than his room only when he has met the same conditions covered under #5. This condition includes the living room, T.V. set, kitchen for between meal snacks, record player, etc. Should there be a record player in S's room, it should be moved out permanently.

7. When 16, allow a summer job away from home. If S has finished his sophomore (2nd semester) and junior year with a B average, he may get a summer job away from home that has been approved by his parents. S must also have not shown evidence of drug usage during this time.

8. When an A-average is made on report card, S may stay over night at approved places on weekends. S will only be allowed to spend the night away from home under the following conditions:

- a. he has made an A-average on the preceding 9-week grade report.
- b. the requested night is on a weekend or holiday.
- c. the place S wishes to stay has approval of his parents.

9. One weekday movie. S will be allowed to take a date to one movie during the week under the following conditions:

- a. his performance during that week up to the night of the movie has been satisfactory (grades, study periods, etc.)

esl he has studied for two hours after school and has

presented written evidence of his efforts.

S and his date will be taken to the movie by his parents. They will be picked up before 11 P.M. when the movie has finished. The date must be a girl enrolled in high school.

10. Daily Check Sheet. A daily check sheet will be provided by the program advisor. What each party has done for the other will be checked and initialed by both parties. Should S fail to meet any of his daily requirements he will lose all privileges for the next seven days. For example, if S fails to maintain the specified daily average on teacher reports on Wednesday the 13th then he loses all the things his parents will do for him until the following Wednesday the 20th. In order for him to gain his privileges back that following Wednesday he must have met all that is required of him from Thursday the 14th to Wednesday the 20th. He would not, of course, go out Friday and Saturday nights of that week. The loss of privileges for seven days will be for S's failing to meet any requirement listed under S Will Do. Each infraction starts a seven day loss of privileges from the day the infraction starts a seven day loss of privileges from the day the infraction occurred.

Notes on Recording the Items

1. Each item circled for a particular day is to be checked as done or not done. If done, both parties should initial the item in the place provided. If not done, the person who did

not receive the benefit is to make an X instead of initialing the space.

2. The circled items for a particular day are to be gone over after supper on that day by both parties. The items after supper for a given day are to be checked at supper the following day.

3. One X in a day under S does mean S loses all privileges for the next seven days. Each day is to be recorded as a separate event.

APPENDIX E
REALITY THERAPY

REALITY THERAPY

Reality therapy is successful when the patient is able to give up denying the world and fulfill his needs in society. To face reality and fulfill these needs a person must have someone whom he knows cares for him--preferably a group of people.

The basis of reality therapy is helping patients fulfill two basic needs:

1. The need to love and be loved.
2. The need to feel that we are worthwhile to ourselves and to others.

A person must learn to fulfill these needs in a responsible way, i.e. he must not deprive others of the ability to fulfill their needs. For the therapist, this means acting in such a way that the therapist's behavior is consistent with his demands.

Three main steps for the reality therapist:

1. Become involved with the patient.
2. Reject unrealistic behavior but still accept the patient and maintain involvement with him.
3. Teach the patient better ways to fulfill needs.

I. Involvement

The patient will test the sincerity of the therapist. The therapist must be able to withstand extensive criticism by the patient. The therapist must first accept the patient uncritically. He must understand and not be frightened by aberrant behavior,

since discussion of irresponsibility with a stubborn patient, before he is ready to change, serves only to encourage the patient to justify his action.

II. Reject Unrealistic Behavior

Once therapeutic involvement is achieved, the therapist can insist that the patient face the reality of his behavior. He can point to the unrealistic aspects of his irresponsible behavior.

A patient may argue that his actions are right, or agree that they are wrong. This can be discussed, but make it clear that you are more interested in behavior. Get results in action, rather than attitude.

Reality Therapy is much more concerned with behavior than with attitudes.

Put responsibility on the patient.

Discussions need not always directly pertain to the patient's problems. Any discussion with values, standards, and responsibility in the background is relevant to therapy.

III. Teach Better Ways to Fulfill Needs.

Once a patient admits that his behavior is wrong, he is then ready to learn what type of behavior is correct. In Reality Therapy we ask what we are doing, not why. Focus on the present.

Adhere to reality of the present with little concern for the past, or why a patient did what he did.

Main Objective: Think about, discuss, plan for the future.
What is past is past and of little use.

DIFFERENCES BETWEEN REALITY AND CONVENTIONAL THERAPY

Conventional therapy maintains that mental illness exists and that those who suffer from it can be meaningfully classified. The essential part of treatment is probing into the patient's past life. Once he understands the root of the problem he can use this understanding to change his attitude toward life. This does not mention behavior. Conventional therapy emphasizes the understanding of the source of the problem. The patient is cured when he knows why he acts as he does and it is hoped that the patient will now be able to learn better behavior by himself. Reality Therapy, in contrast, stresses involvement, working in the present and toward the future, and does not look for unconscious motivation. It emphasizes the morality of the behavior and teaches the patient better ways to fulfill his needs.

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**CONDITIONING SCHOOL ATTENDANCE IN
A PREDELINQUENT JUVENILE WITH TOKEN AND SOCIAL REINFORCEMENT**

by

Martin J. Pollack

**Graduate Counselor
with the
Delinquency Intervention Project**

**Center for the Study of
Crime, Delinquency & Corrections**

**Southern Illinois University
Carbondale, Illinois**

June, 1971

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081

ABSTRACT

A 16-year old high school boy was on probation, achieved below his capabilities academically, and maintained a high rate of absenteeism. Within a counseling setting, token and social reinforcers were provided contingent upon school attendance, academic performance and socially beneficial interactions. Reinforcement was denied following unacceptable responses. Back-up reinforcers such as magazines, movies and snacks were available in exchange for tokens earned. Attendance decreased in the absence of reinforcement and increased in the presence of reinforcement. It was concluded that a token system paired with social reinforcers could create beneficial changes in delinquent-prone individuals seen in a counseling setting.

CONDITIONING SCHOOL ATTENDANCE IN A PREDELINQUENT
JUVENILE WITH TOKEN AND SOCIAL REINFORCEMENT

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Operant conditioning principles have been utilized in classroom settings using conditioned reinforcers (Harris, Wolf, and Baer, 1964; Madsen, Becker, and Thomas, 1968) and token economies (Wold, Giles and Hall, 1968; Karraker, 1968). A variety of applications have been made to delinquent populations as well including: institutional settings (Phillips, 1968; Cohen, Filipczak and Bis, 1967; Burchard and Tyler, 1965; Tyler, 1964; Buehler, Patterson and Furniss, 1966), voluntary employment settings (Schwitzgebel and Kolb, 1964), and settings in which probation officers utilized the natural home environment to modify behavior (Thorne, Tharp and Wetzel, 1967).

In the present research, a token economy was combined with social reinforcement in a counseling setting to increase and maintain school attendance by a predelinquent high school student. School attendance was increased in order to facilitate the application of more elaborate contingency management procedures in the school environment. The effects of the program were evaluated by comparing pre-experimental and experimental attendance records.

METHOD

Subject

The S was a tenth grade, 16 year old male referred to the Delinquency Intervention Project as "delinquent-prone". A low frequency of attendance and poor academic achievement led the school professional staff to conclude that the S would drop out unless there was some form of intervention. School records showed an average I.Q. score and above average academic performance until grade nine when performance dropped to a poor level. The S came from what school personnel described as a "broken home". The father provided the home environment in a neighboring town from which the S was bussed daily to school. At the time of the study the S was on probation for an offense committed outside the school.

Experimental Setting

The experimental environment consisted of the school classrooms and a specially assigned counseling room located in an annex adjacent to the campus. The counseling room was furnished with several chairs and desks. The counselor functioned as E throughout the study. A list of back-up reinforcers and prices was prominently displayed. Tokens

in the form of poker chips were delivered into a cigar box with a coin slot. A tape recording was used to explain the token system and the contingencies in effect.

Procedure

The terminal goal was a frequency of school attendance equal to the mean frequency for the student body. Social reinforcers such as praise and attentiveness augmented a token system which made available materials such as magazines and cigarettes, and tickets to special events such as football games, plays, and movies in exchange for tokens earned. Primary back-up reinforcers such as snacks and soft drinks were also available. Items or events suggested by the S were always encouraged and negotiated as possible additions to the list.

Tokens were earned for school attendance and for counseling session attendance. Sessions took place each school day for an approximate 50 minute period. Opportunity to earn additional tokens was available throughout the session. Attendance at counseling sessions was contingent upon school attendance. Tokens were available for exams or papers with the grade "B" or better, and for extra credit papers. Bonus points were available for each five consecutive attendance

days and based on particularly helpful responses. Removal from a class for reasons within the control of the S, or absence from a class resulted in loss of all or part of the tokens earned for attendance. Absence from more than three classes for a given day was considered as a full day's absence and resulted in loss of opportunity for counseling or all tokens earned in the counseling if already passed. Tokens earned were redeemable at times mutually arranged during counseling sessions.

The experiment consisted of four main phases: a) baseline for school attendance, b) experimental phase one, c) reverse or probe phase, and d) experimental phase two. In addition, a baseline for counseling sessions was recorded prior to implementation of the program. The probe began with an announced termination of the token system. During the probe, all reinforcement was withheld. Experimental phase two began with an announced reinstatement of the token system. All school attendance data was obtained from official school records.

Written permission was obtained from the father of the S before counseling began. At the start of the experiment the instructions were given to the S by tape. Added contingencies were announced as they became necessary. The S was

first met in study hall and taken to the counseling area.

The S then arrived at the sessions unescorted.

At the outset of experimental phase one, token and social reinforcers were liberally provided. Tokens were dropped into the box in view of and within audible range of the S. Social reinforcement was consistently paired with tokens. A wide range of responses resulted in reinforcement including any verbal response considered positive, constructive or reflecting interest in successful and realistic interaction with the environment. Among reinforced responses were: favorable comments about the school environment or constructive activities outside school; questions asking "how" or "why" in relation to the S's interactions; and general problems bothering th S. In the case of problem areas an effort was made to reinforce positive aspects of the area, such as possible solutions or causes, rather than simply reinforcing a complaining behavior as such. Tokens were tallied immediately after each session in the presence of the S. The counselor made day to day evaluations following the tally of tokens. As the program progressed, specific areas considered important by the counselor were isolated and differentially reinforced in subsequent sessions. Token

reinforcement was thinned gradually while social reinforcement was maintained at a high frequency.

RESULTS

Number of days absent per week as a function of conditions is graphed in Figure 1. Frequency of school attendance decreased to a new low for the year with termination of reinforcement and increased to a new high after reinstatement of reinforcement.

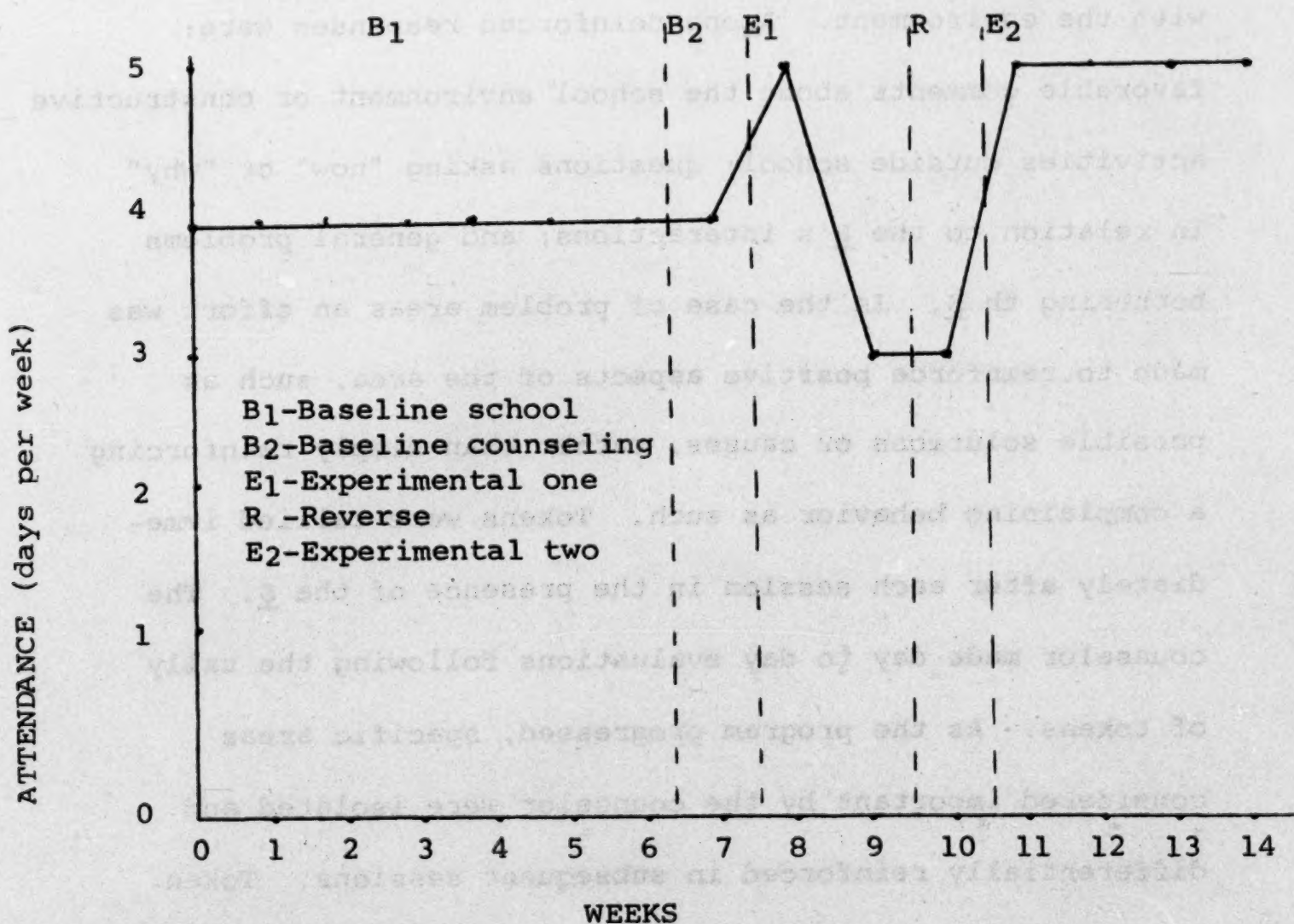


FIG. 1. Number of days in school per week.

Frequency of school absenteeism as a function of conditions is given in Table 1.

TABLE 1

Frequency of School Absenteeism as Function of Conditions

Condition	No. Days Absent	No. Days Total	Freq. Absent
Baseline (school)	6	30	20%
Baseline (couns.)	1	4	25%
Experimental (one)	2	9	22%
Probe	2	5	40%
Experimental (two)	0	9	0%

Clear differences between baseline data and both probe and experimental phase two data were observed. Attendance of 100% in experimental phase two compares favorably with the 95% mean attendance for the student body, and surpasses the terminal goal. The frequency of attendance for experimental phase two also represents the only four week period in the 14 weeks of the year in which perfect attendance was achieved.

Counseling session attendance was perfectly correlated with school attendance.

DISCUSSION

As the data in Figure 1 and Table 1 indicate, frequency of school attendance changed as a function of manipulation of reinforcement. Experimental manipulation resulted in changes in a previously consistent rate of absenteeism. In particular, the unprecedented attendance record in experimental phase two indicates a positive trend.

The nature of weekly attendance data presents a striking limitation. Response units equal to one day are large. Extremes between responses for this data are only two response units apart, with a maximum difference of five for weekly data. The stability of response rates is greatly reduced by this limitation and necessitates a study of longer duration to circumvent this difficulty.

The relative effectiveness of tokens and social reinforcers was not clearly indicated. It was felt that the continuous schedule of reinforcement which was in effect at the outset was vital to gain control over the S's attendance. With this in mind, both social and token reinforcers were used with only one consideration, that of creating powerful and numerous opportunities for reinforcement of the desired behavior, namely school attendance. The risk of initial failure was considered too great in its ultimate consequences on the S's future to merit a procedure which, while defining more clearly the roles of individual variables, would possibly sabotage the objectives of the program.

FOLLOW-UP AND RECOMMENDATIONS

The token system was thinned out until Christmas vacation and finally faded out entirely. Social reinforcement was continued through a thinning schedule of personal contact, to build independence of the S as the year progressed. Grades, attendance, disciplinary officer reports, probation officer reports, teacher reports, and parent reports were utilized along with personal contact to evaluate the S's progress. Following the Christmas break, the S took final exams and received grades of "D", "C", and "C". These represented the highest grades the S had achieved in the past two and one-half years. Attendance during the period preceding the second semester remained stable. Throughout the second semester, interviews with the disciplinary officer indicated a continued change in attitudes toward the positive i.e. friendlier, less evasive, less tense. Conversation with the probation officer confirmed the existence of these changes. The S was ultimately released from probation (April 15, 1971), with a favorable report.

Grades for the first report of semester two were maintained with little change, despite an increase in absenteeism up to 2-3 per month. In addition to the reports cited, attitude change was notably visible via S's restraint and self-control in situations previously leading to disciplinary action. Since the S had been in trouble for fighting in the past, the opportunity to engage in such behavior was present in the environment.

On several occasions the S reported, in friendly conversation with the disciplinary officer, that pressure was being felt to engage in fighting and other disruptive behaviors through the agitation of one or two other students. The S had demonstrated sufficient self-control to avoid a confrontation and the potentially dangerous consequences upon the S's status. The disciplinary officer indicated a favorable view of this frankness on the part of the S, and the counselor noted for the first time that the officer was on the S's side.

Contact with the S's father periodically during this time, confirmed verbally that things "seemed okay."

The attendance of the S began to fall off toward the end of the year, with the final month showing nine absences. Part of this was reliably accounted for by illness in the family. With probation terminated, the S had obtained a driver's license and a car. This, added to the attitude of "passing", as opposed to achieving highly, undoubtedly contributed to the increased absenteeism. Energy was being diverted into the car from school. The "getting by" attitude that surfaced more forcefully late in the term was probably also influenced by the S's future goals. Since the S's father is an accomplished carpenter and the S possesses interests and skills in this area, it is likely that S will do this kind of work as a vocation and so is, by admission, just finishing high school any way he can manage it. This feeling was apparently strengthened toward the end of the year and S's grades dropped with final exams. Final grades

included an "F", "D", and "C". Teacher reports at the year's end confirmed favorable changes but showed S was operating below capacity and, more importantly, lacked real interest in school. The "getting by" attitude was strongly reflected.

The S has undergone some maturity, as well as development of self-control judging from attitude and behavior changes, but it is clear that the S does not have motivation to achieve. The effects of "getting by" are not aversive to the S, i.e. "D"s are perfectly acceptable. It is clear as well that S does take pride in his interests and accomplishments relating to those interests. If and when the same relate to the school activities, the S shows energy and enthusiasm, and reportedly, will raise questions in class. He accepts school, but largely on his own terms and with the shortcomings evident in the S's history. The S's behavior indicates a more recent willingness to consider others in the course of getting what he wants. The latter evidence of maturity should be encouraged.

Continued support of the S is recommended by a counselor who shares some experience with the S, such as background or interests and skills. The S shows an increased awareness of his effect on the environment and its potential effect on him. An approach which allows the S freedom, but provides a structure within which it can be tempered would be ideal. Activity therapy clearly would be useful in relieving anxiety and directing the emphasis away from the

clinical milieu. Use of building skills is recommended. Projects of interest to the S and of relatively short duration should be engaged in to allow frequent reinforcement via numerous accomplishments. Praise and respect for the judgment and skill of the S should be readily available to the S from the counselor but should not be overdone since the effectiveness will quickly diminish. This method of developing rapport will enable the S to release tension of anxiety and allow deeper feelings to be expressed more naturally and without the threat of a clinical setting. Meetings should be informal and clearly in an environment that is not hostile. The counselor should deal with the school attendance and studying problems within this friendly atmosphere of acceptance.

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**AN APPLICATION OF COMPOSITE METHODS
TO THE TREATMENT OF A PRE-DELINQUENT
HIGH SCHOOL GIRL**

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ABSTRACT

This study is concerned with the effectiveness of a particular treatment strategy on a 16-year-old, Negro, female high school student who has been classified as a "delinquent." The subject's classification as a delinquent is based on reports filed by her instructors and counselors. These reports were verified in individual counseling sessions conducted by the D.I.P. counselor with the subject. The MMPI was administered at the onset of counseling in the fall of 1970, and the results were used in conjunction with reported observations of the S's behavior to assign her to Behavior Category II. Various strategies technically prescribed for this Behavior Category by the D.I.P. Manual comprised the treatment method for this subject.

The subject was seen in both one-to-one and group counseling situations by the D.I.P. counselor for a nine-month period (fall, 1970 through spring, 1971). The subject was again given the MMPI at the conclusion of the counseling program and the pre-and-post test results were compared. Pre-test results showed a Multiphasic Index of 93 with a "Mild Elevation," while post-test results gave a Multiphasic Index of 89 and a "Normal" rating. Profiles were markedly different for pre-and-post tests. The significant scores for both tests as well as the progress noted in observation reports were compared and evaluated to determine the effectiveness of the treatment program. Suggestions were then made for future counseling approaches that might possibly be used with this subject.

I. INTRODUCTION

STATEMENT OF THE PROBLEM:

The purpose of the Delinquency Intervention Project is to determine which specific treatment strategies, if any, are effective in positively altering delinquent forms of behavior in adolescents who have been judged as delinquent-prone by school authorities and counselors. It is hoped that the discovery of clear-cut treatment procedures for various types of behavior may lead to more efficient, effective methods of working with so-called "problem youth" in the schools. One such youth was referred to the Project in the fall of 1970 by a school social worker. After a careful evaluation of her behavior patterns by use of the MMPI and interviews with the individual, the student's mother, and school authorities, it was determined that she would be a suitable subject for the Project.

THEORETICAL ORIENTATION:

In establishing a counseling relationship with the S, the counselor was forced to deal with a dilemma. While the S was being labeled by white, middle-class standards as "delinquent" and "maladjusted," the counselor found her to be a spirited, independent individual who had, in fact, adjusted very realistically to her life-situation. While she expressed dissatisfaction with the alternatives she

had been socialized to adopt, she accepted them as facts of life over which she had no control. She asked for no assistance in dealing with her life and came to the counseling situation in a very resistant manner. Her desire for special attention from an adult, as well as the social "prestige" that accrued to the S as a result of having a young counselor assigned to her, were the foundations upon which the original counseling relationship was established.

These attitudes on the part of the S led to the adoption of a primarily non-directive, Rogerian approach. In this approach, the major therapeutic goals were to "promote the client's perception, examination, and revision of (her own) self-structure--to assimilate experiences previously avoided as inconsistent with it (C.F. Sullivan); hence to reduce¹ disproportion between 'is' and 'ought to be' (Horney)."

The approach attempts to promote "the expression of and more functional use and development of the latent inner² resources of the client." This all assumes a great deal of verbal fluency and ego-structure on the part of the client; and in this specific instance, both criteria were met.

Therefore, what Rogers terms a "helping relationship" was established, allowing the S to move at her own pace and to find her own answer in a non-threatening, supportive

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atmosphere. It was hoped that, in such a relationship, the S would learn to trust and pay attention to what she was truly feeling and thinking, if for no other reason than because someone she trusted paid attention to such things and cared enough to say so. Because the counselor's role is essentially a listening, accepting one in the Rogerian model, no direct interpretation and no judgments were made to the S about what she said or felt. Rather, the S's conversation was abbreviated, sorted-out and re-stated for clarity and truth of meaning on the feeling level. Reflections were made by the counselor to the S. These told the S that the counselor really understood, that she ~~saw~~ those feelings as valid and existent for a valid reason.

The counselor felt this approach to be incomplete. While it supposedly allowed the S to learn to acknowledge and express feelings, anxieties and concerns, it did not provide models for change in behavior. The S's immaturity demanded, in the counselor's opinion, more explicit direction and guidance. The counselor did not wish to dictate to the S what she "should" or "should not" do specifically, but rather, desired to present the subject with viable, attractive alternatives to her own limited, adolescent repertoire.

It should, perhaps, be noted that Frederick Thorne and his followers considered a purely Rogerian, non-directive approach inefficient, in the case of threatening a "sick" client who knows only "sick" adaptations to life.⁴ He holds that responsibility for educating not only the client, but also the "significant others" in the client's life, who have failed to promote and condition "healthy" behavior and adaptations, are a responsibility of the counselor. Adler believes that therapy comprises the "creation of suitable conditions for the patient to learn a new life style."⁵ He believes that thorough-going scientific training is demanded of the therapist for this purpose. The Rogerian model holds that this is not necessarily required, but rather, that the counselor should work towards establishing a therapeutic relationship in which the therapist deals honestly with his own feelings and those of the client. The counselor attempted to combine these two roles by adopting the stance that the counselor's training should include a reservoir of information needed by adolescents who must cope with a complicated society, as well as expertise as an individual in dealing with the emotional issues that plague human beings in general.

The counselor felt that she could not simply respond passively to situations, especially where the S's peers were involved, because they were continually testing her for her

strength, her honesty, her ability to take a stand and stick to it. Inevitably, the counselor's own character and way of dealing with life were evaluated and used as models if they fit. The model that the counselor attempted to establish in this situation was one of straightness, an ability to be wrong without losing integrity, an ability to demand honesty and straightness from others and not to accept behavior inconsistent with this model from the S and her peers. This model for behavior also attempted to demonstrate that it was valid to see other people as being fallable, vulnerable and needing understanding before straightness could be achieved. It was hoped that such a model allowed everyone involved to maintain his own integrity while learning to be "straight" with himself and the others and to learn to trust the counselor as someone who was a good "resource" of alternatives when the individuals involved needed this.

An accompanying, directive, type of technique utilized with the S was a limited usage of labels borrowed from Berne's "Transactional Analysis" approach. Concepts such as "straightness," "games," "scripts" were utilized in order to provide the S with labels for otherwise nebulous concepts. The use of these concepts was directive in that it steered thought in certain directions, implied judgments about different types of behavior, and assumed patterns and motives that a purely

non-directive interaction would not include. The very directive practice of confronting the S and her peers on maladaptive, unstraight behavior was utilized more and more as the therapy progressed. This was done, not to point out any specific right behavior as being preferable to any wrong behavior, but as a way of letting the S know that the counselor was aware of what was really going on in the interaction. It was left to the S to cope with the confrontation in any way she wished. Hence, it could be said that several directive techniques were used to enhance the essentially non-directive therapy approach.

ETHICAL CONSIDERATIONS:

In order to test and counsel the subject, as well as to take the S on any excursions, written permission was obtained from the S's parent. The D.I.P. counselor held an interview with the S's mother in order to explain the purpose of the study, as well as to answer any possible questions she might have had. Written permission was also obtained from the parents of any of the S's peers who accompanied the S and the counselor on excursions. The S was advised that she was not obligated to see the counselor, but that it would, perhaps, prove beneficial for the S to do so in order to assist the S with any difficulties which existed in school and at home. The term "delinquent" was at no time used, either with the S or with the S's parent. It was felt that this would cast a stigmatic aspect on the counseling and would most likely cause many

parents and students to feel that they did not want to be associated with the Project. It was also felt that the S's peers would make it more difficult for the S if such a title were used. Therefore, the orientation of the counselor was to explain exactly what would go on with the S in the counseling relationship and to let her decide if it was worthwhile for her to continue.

HYPOTHESIS:

It was believed that the treatment strategy followed for this S would significantly alter the delinquent behavior patterns of the S.

II. METHOD

SUBJECT:

The S was classified as delinquent because of frequent tardiness and absence from school, poor academic performance accompanied by consistently disruptive behavior in the classroom, and observed sexual promiscuity. She was placed in B.C. II because of elevated Anxiety and Ego-Defensiveness scores on the pre-test MMPI.

Much of her behavior is typical of B.C. II's. She verbalizes very well, but tends to understate her problems and deficiencies (e.g. via superficial responses and avoidance behavior she shows ambivalence and anxiety in refusing to discuss or deal in depth with her feelings about her home-life, her mother or male-female relationships), and

tends to overstate her "positive" attributes (e.g. her ability to "get guys," clothes, her sexuality, etc.) Her boasting about men, aggressive behavior with female peers, and frantic attention-seeking from adults, coupled with her avoidance behavior and generally superficial attitude indicate a great deal of possible ego-defensiveness and anxiety. While having many peers with whom she "hangs around," she claims to have no friends--supporting the above conclusion.

Anxiety is also evidenced insofar as she claims to yearn for freedom from her home, her mother, and family conflicts. ("I don't want to end up like my mother, with a bunch of kids and trapped.") Yet, in her future plans she includes a stay with relatives in Detroit, generally sticks with her mother's approach to life, and vacillates between leaving and staying at home ("I like to give my mother a hard time. She would miss me if I left.") It is significant that the S's siblings stayed at home with their mother even after they, themselves, became mothers of illegitimate children with ample opportunity to leave.

PROCEDURE:

The treatment objectives designated by the D.I.P. counselor for the S were as follows:

1. To foster a trusting counselor-subject relationship --providing a reinforcing, nurturant relationship in which the S could learn to express her feelings, verbalize her anxieties and experience a non-restrictive relationship.

2. To reduce superficial (inappropriate) responses
--to problems, anxieties, conflicts, other people.
3. To increase the number of honest or "straight"
(appropriate) responses--vis-a-vis peers and adults,
to threatening feelings and situations, thereby
increasing the S's sensitivity to her own feelings.
4. To increase mature independent thought and action.
5. To reinforce insight into anxiety feelings--on
matters dealing with dependence vs. independence
vis-a-vis mothers, siblings, and home.
6. To reinforce less seductive and aggressive be-
haviors--allowing her to see that she will not be
rejected for non-sexual involvement by encouraging
conversations with male peers and adult males who
would call on her to express herself honestly and
to argue her true viewpoints.
7. To reduce the number of tardies and absences.

In order to achieve the trust-and-honesty-oriented goals, both one-to-one and group-interaction methods were utilized. In weekly one-to-one counseling sessions the D.I.P. counselor tried to act as a role-model for the S by being open to and accepting of what the S wanted to talk about and yet honest about how she felt about what the S was saying. The S's independence and lack of a "call-for-help" rendered the counselor in a position of having to "prove" herself acceptable to the S before the S would become involved and committed to the relationship. She had to allow the S to choose when and how she would respond to counseling. The counselor attempted to create an acceptable helping relationship by utilizing humor and honesty-of-response and by feeding-back to the S what she thought she heard the S saying on a feeling level. The counselor attempted to be consistent in terms of

responding honestly to the various "testing" situations that the S and her peers set up so that a trusting relationship could be established (e.g. anger, disappointment, amusement, empathy were openly expressed responses).

The labels and concepts utilized in Berne's "Transactional Analysis" were used by the counselor to assist the S in conceptualizing in a more concrete manner what her behavior meant.⁷ This was an essentially directive type of approach because it involved direct confrontation by the counselor about the S's behavior. Actual interpretation and judgments were made by the counselor in terms of, for example, what game the S was playing in a particular interaction, or what aspect of her "script" was being acted-out. However, this approach was utilized later in the counseling process, after initial trust in the counselor by the S had been established. The S already knew that the counselor understood and accepted her, and the S trusted the counselor's interpretations because she had already spelled-out her own behavior in less-distinct terms.

III. RESULTS

While there were numerous encounters with the S in the hallway after various group-interactions, some brief small talk sessions involving the setting up of meeting times, and tension-release interactions involving horseplay and exchanging of wise cracks and flippant remarks in the school hallways, there were actually twenty, formal, one-to-one counseling sessions between the S and the counselor.

These were conducted, as a rule, on the school grounds in a lounge-type of room called the Teacher's Education Library. Several sessions were held during the S's visits to the counselor's home.

During the first quarter of the school year the S was markedly superficial and non-committal with the counselor. The S consistently sat either silently for periods of time, (frequently 5 or more minutes each time without talking and without the counselor speaking), or else "goofed off" and traded wisecracks with the counselor. She kept the conversation on an impersonal level, no matter how the counselor approached any topic. The S was always willing to see the counselor and would complain if the counselor had to postpone sessions for any reason. The first personal interest the S showed in the counselor was in the counselor's wardrobe. Although most comments were flippant, the S was impressed and evinced true concern over the importance of this manner. By the last few sessions of the quarter the S openly complimented the counselor and awaited compliments and criticism about her own dress in return. The S continually tested the counselor by stealing things from her friends' lockers in front of the counselor and waiting to see how the counselor would respond. She asked several times to be driven off-campus to meet friends during school hours, and made numerous statements about males, sexual prowess and dating that were obviously intended

to shock the counselor. Straight, unshocked responses to these various tests had a characteristic effect on the S. She would look the counselor in the eye, smile a little smile, immediately change the topic of conversation and inevitably behave in a less-contrived way for much of the rest of the interaction (e.g. she would complain, get upset, express anger, worry, pleasure, surprise, etc. in what the counselor deemed to be appropriate situations and in appropriate ways). Along with the testing-behavior the S frequently had a "coy" behavior in which she assumed the role of a good little girl who was soft-spoken, polite, and archly devious in a very covert way. The frequency of the testing and good-as-gold behavior decreased to almost non-existence by the end of the first quarter, to the relief of the counselor.

The S's behavior continued to change slowly during the following quarter. While she continued to wise crack and goof-off with frequency, such responses decreased each week and the number of self-disclosing remarks increased. There was a significant increase in critical types of statements about males, marriage and children, although statements referring to any specific, real-life situations were religiously veered-away from. However, the frequency of these particular topics of conversation began to crop up until, by approximately the last five sessions, an average of 5 to 7 statements or references were made to

these topics with little or no leads from the counselor. Over the ten-week period the S began to openly express pleasure at seeing the counselor, and would punch the counselor in the arm and touch and try on the counselor's clothes and jewelry with regularity. This behavior seemed to indicate an acceptance of the counselor by the S, and the significant increase in self-disclosure and lack of "testing" and "coy" behavior indicated a significant increase in trust in the counselor by the S. It was also believed that some of the S's positive response was the result of the "prestige effect" of the counselor's presence in the S's life in the eyes of her peers, who increasingly requested special attention from the counselor.

The third and final quarter found the S demonstrating a trusting attitude toward the counselor by being self-disclosing, and exposing of her feelings, as well as by not maintaining dishonest communication patterns, and "testing-coy" behaviors. She made statements such as "When I first met you, I thought: 'What does this white chick want, anyhow?'" and similar remarks. She made direct references to family and interpersonal problems and concerns with significantly increased frequency. Although she did not ask for direct help with these issues, she freely discussed them for the first time and listened to feed-back with apparent threat. The frequency of wise-cracking and joking greatly decreased. While the S maintained her well-developed sense

of humor, her use of it was at more appropriate moments--for example, to relieve tension after serious, sensitive interchanges about her family or after discussions concerning the S's behavior in one of the group sessions which took place at different times in the month. The most frequent topic of discussion towards the last few sessions concerned the S's leaving home and family and "living her own life." This issue apparently greatly troubled the S and she was just beginning to address herself to it and to her hostile feelings about her mother and her mother's adaptation to life when the counseling program came to a close.

The evaluations made of the S's behavior and personality by her school counselors and instructors were not nearly as comprehensive in nature as those made by the D.I.P. counselor in her weekly reports or by the MMPI results. They consisted of brief remarks made either voluntarily or in response to direct inquiry on the part of the D.I.P. counselor (e.g. "How is she doing?", "Does she still . . .?", "Does she ever . . .?"). A very definite trend was noticed over the nine month period in the reports made on the S's behavior. It was noted that the S became quieter, more pensive, less smart-alecky, less disruptive in class." However, this change occurred very slowly and while "improvement" was noted, she was still considered to be a problem in class because of continued noisiness and inattention. All reported only a slight increase in class

attendance, but neither class attendance nor tardiness was significantly changed over the year. The school counselors and social worker reported more definite changes in the S's behavior, stating that they found her to be "quieter," more mature-acting, less manipulative and devious," and that they noticed this change most over approximately the last two months of the counseling program.

There were a total of ten group-interaction sessions formally held over the last six months of the counseling program. There were two visits to the S's church at the invitation of the S and three of her peers, followed by attendance at the social hour which followed the services. There were two occasions upon which the S and her closest peers went with the counselor for a shopping trip, pizza and a tour of the Black Studies Center and several other sites on the local university campus. There were also a total of six group discussion sessions held in the lounge ~~al-~~
~~luded to previously.~~ These were loosely-structured sessions which were made up of the S, her closest male and female peers, and the counselor. Because the S's peers had had the opportunity to get to know and trust the counselor in casual interactions outside of these group sessions, there was little or no inhibition of true feelings and opinions.

The S's behavior initially was noticeably different from that of her peers when topics such as their involvement in local "Black Power" groups, racial issues, parent-child conflicts and social and sexual role-problems were discussed.

In these situations, the S underwent gradually noticeable behavior and attitudinal changes. For approximately the first four months of group interaction it was noted that she behaved frivolously, was superficial in her comments and interpretations, usually wise-cracking and steering the conversation in an obviously less-serious direction. She was usually bossy and flippant with her peers. She sighed audibly approximately ten to twelve times a session when she no longer wished to stay on topics that her peers continued to be interested in. Sometimes she did not speak at all for long periods (approximately five to ten minutes as a rule) in the hour-long discussion, slumping back in her seat or seducing one of the males into putting his arm around her and then sitting quietly while he or the others did the talking. Whenever attention was withdrawn from her for more than a few minutes, she would attempt to gain the center of attention by making sexually-suggestive and often witty wisecracks about one who was talking.

During the first few sessions these distractions served to break up conversations successfully. However, as the S's peers became more comfortable and more reinforced for speaking, the S found that she could not prevent them from going on. She appeared visibly disconcerted and uneasy when her own usually-superficial friends disclosed their more serious, intellectual, analytical sides in front of her and to each other. Their self-disclosure and acceptance of this in each other caused her to sit back silently and chew her nails. She did not feign her usual stance of inattention during these moments but, rather, scrutinized her peers very closely. At these moments the counselor asked the S to express what she was feeling and she would exhibit a shyness which was uncharacteristic.

Her peers apparently noticed the S's behavior over a period of several months. The males in the group had been reinforced for approaching discussion topics as well as fellow group members in a sensitive, honest way. Several of them began to interpret the S's behavior and, apparently to her surprise, demonstrated a great sensitivity to what she was feeling. They pointed out several judgments they had made of her--e.g. "You're afraid to think about..." "You never say what you think....," "Your mother is....," "You

and your sisters are....," "You flirt around but you don't even mean it..." This kind of attention marked what appeared to be a turning point in the therapeutic process. The S became visibly calmer in these and other group situations and ceased, slowly but surely, to wisecrack and attempt to break up serious discussions. She sat forward on her seat and looked at speakers frequently and even participated in discussions. Her statements were more feeling-level, frequently beginning with "Well, I don't like..." or "I guess I just..." In other words, she became considerably more self-disclosing and less superficial. The frequency of seductive behavior and comments and competition for male attention with the females in the room also decreased noticeably over the last four-months. Instead of this type of seductive behavior the S increasingly began to seek out male approval with eye-contact during moments of self-disclosure. She would invariably reap their support, either by their addressing themselves to what she was saying in a direct, serious way verbally or by putting their arms around her or "punching" her in the arm physically while joking away possibly threatening statements. The frequency of sighing during conversations in which someone else was speaking slowly dropped until there were typically only a few or even none during the last three sessions.

Examination of pre-and-post test MMPI's indicate a significant change in test-item endorsement. The reader is reminded that this type of data can only lead to a hypothesis about the S's personality which must necessarily be cross-validated by behavioral observations. Therefore, general statements will be made about the test results in an effort to present only the most apparent and obvious conclusions.

Both pre-and-post test results revealed a mild degree of emotional conflict in the S. However, the pre-test evaluates the S as having "fair-to-mild resiliency, or the ability to make satisfactory adjustment," while post-test results indicate "mild psychogenic symptoms are likely to develop under heavy stress." Both interpretations could apply to the S. It is typical of the S to stop eating or get a "stomach ache" in stressful situations, but it is also typical for the S to use humor and manipulation in order to rise above stressful situations, as the behavioral observations previously discussed indicate. The pre-test Personality Description mentions that "anxiety is internalized and associated with physical complaints and indirect expressions of protest." Thus, the post-test is consistent with pre-test descriptions of the S's personality.

Additional consistency is found when examining the Symptom Review of both tests. Both tests indicate a significant degree of "Sexual Disturbance," which is supported behaviorally by her difficulty with her sexual role and her use of sexuality as a manipulative tool. Pre-test results indicate that the S reveals "dissatisfaction" with respect to "Family or Marital Problems," while the post-test results reveal that "Family or Marital Problems" are "strongly indicated." This is supported by self-disclosures made by the S in interviews with the D.I.P. counselor as well as by the school Social Worker and several of the instructors who know the S's family intimately.

Both pre-and-post tests describe the S's positive traits as being "individualistic, socially forward, enthusiastic, fair-minded, generous, adventurous, frank, verbally fluent and gregarious." This supports the statement about the S's resiliency under stress. She is, as has been indicated behaviorally, socially independent and a leader. She reaches out for reinforcement through seductive types of behavior to both males and females and is clever at manipulating people to her advantage. Both pre-and-post test summaries reveal that there is "little or no call for help" by the S due to the S's "value of self-reliance

and adequacy of defenses and copy ability." Behaviorally it was noted that a very prevalent defense used by the S was avoidance of unpleasant reality in situations in which she had to make mature decisions about her future or when she had to take a critical stand or state an opinion on an important issue. It is a very well-developed defense which initially interfered with the counseling process itself.

More specifically, the pre-test MMPI revealed a Multiphasic Index of 93, which indicated a "Mild Elevation." There was a 25% probability of significant disturbance. A slight improvement was indicated when the pre-test results were compared to post-test results. The post-test Multiphasic Index was reported to be 89, which fell in the "Normal" range. Significantly, the probability of significant disturbance was reported as being 37% on the post-test, an 11% increase in probability over the nine month period.

In the counselor's opinion, this increase is indicative of progress rather than failure in light of the counseling goals. Comparison of the two tests indicates that the S has become considerably more self-disclosing about conflicts, anxieties, and problematic behaviors and ideation. The pre-test profile interpretation expresses doubt as to the

validity of the S's response: "the subject presents a favorable self-image which is characteristic of a person wanting to make a good impression." (MMPI, 12/05/70) The pre-test L scale (lie scale) supports the theory of significant dishonesty with the score of 63. According to the Reference Guide for interpretation of the MMPI, L scores above T-50 are indicative of a tendency "to conceal or mask traits which the subject feels are undesirable." (MMPI-ICA Reference Guide).

The post-test statement on validity shows marked improvement: "responses are not polarized in the direction of favorability or unfavorability which indicates the subject presents a reasonably candid picture of herself on the test;" and, the L scale score dropped to 56, just slightly above the norm. Significantly positive changes in other related scales such as ego strength and ego defensiveness support the fact that the S's increased ability to be self disclosing is representative of a new level of self-acceptance.

Therefore, it would be reasonable to assume from both test data and personal knowledge of the S, that the post test presents a much more realistic picture of the subject than the pre-test.

The change in the S's ability to be honest and candid about herself and her situation was evident also in the one to one and group counseling sessions. Peers, teachers, parents, and the counselor have all indicated awareness of a change in the way the S relates to others; i.e. she is more straightforward, and less aggressive sexually (at least in the group setting); her attention is no longer concerned entirely with herself and her own efforts during interaction she has begun listening and participating.

IV. DISCUSSION

In examining the outcome of this counseling experiment, there are obvious successes and failures to be noted in terms of the treatment objectives, as well as less-obvious ones. It appears that, indeed, a trusting counselor-subject relationship was established, and the frequency of honest, appropriate responses was increased while a decrease in superficial, inappropriate responses occurred. The frequency of aggressive, seductive behaviors was significantly decreased. However, there is still a need for the S to become more sensitized about the conflicts that plague her, as well as need for her to learn appropriate, positive coping behaviors for them. A possible

chance for this may result if the S continues to receive counseling throughout her remaining years in high school. There will be many positive and negative alternatives open to a 17 or 18 year old young woman that are still not easily available or probable for her as a 15 year old (e.g. marriage, leaving home, leaving high school, getting pregnant and dropping out of school, getting specialized job training and obtaining employment which allows her to be self-sufficient).

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**TRANSACTIONAL ANALYSIS TREATMENT
OF A DELINQUENT-PRONE YOUTH**

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ABSTRACT

The student described in this paper was referred by the high school where he is in attendance to the Delinquency Intervention Project (D.I.P.) as a result of the student's poor academic achievement, his rebellious acts sometimes involving the destruction of property, his defeatist attitudes, and his general inability to cope with life situations in an appropriate manner.

With the use of Transactional Analysis, the D.I.P. counselor assigned to this student worked toward helping the boy to look at himself and his life style more realistically and to accept some responsibility for both the causes of his actions and his actions. Rather than behaving as a mistreated, angry little boy, the student learned to attack his problems in a mature adult manner.

This new approach to handling life situations succeeded in the student's markedly improving his academic achievement, in his securing and holding a part-time job, in his improving relations with adults and peers, and in his developing a new outlook on life and his future.

I. INTRODUCTION

A. Discussion of Client and the Problem

The client is a white, 16 year old male caucasian high school student. It has been determined through testing prior to this project, that the boy has an extremely high I.Q. (140-156) but his school performance has produced grades of C and D.

The boy exhibits rebellious behaviors which generally take the form of self-defeating acts. He excuses his behavior by indicating that he feels the world has been unjust, which accordingly releases him from any social responsibility for himself or his situation.

The subject's angers and frustrations manifest themselves in either isolation from or conflict with his peers. He quickly reads rejection into any rebuff or criticism. His defense is simple: denies his need for anyone who rejects him or even appears to reject him. Occasionally his rebellion breaks out in incidents of vandalism such as the one which caused his referral to this project. He and his peers destroyed property in a vacant building at a nearby university.

The problem is to get this youth to accept his responsibility for relationships with others, performance in school and at work, and his self image. He needs to look at his world more realistically and learn to accept both its strengths and limitations.

Even though the client verbalized easily, he was so defensive that some method had to be used which would soften the defense while providing maximum data for both the counselor and client to use in solving the problems.

B. Research Associated with Treatment

Transactional Analysis had been recommended for treating adolescents by Thomas Harris in I'm O.K., You're O.K.: A Practical Guide to Transactional Analysis (1969). The concepts of group and individual treatment are in use at the O.H. Close School in Stodeton, California. This school for delinquent boys uses the concepts of contracts, ego states, structural analysis and transactional analysis as first presented by Eric Berne in Games People Play. Each boy is taught to read and interpret the function of his Parent, Adult and Child ego states in his internal dialogue and in his transactions with others.

Transactional Analysis (T.A.) is also being used in one of the cabins at the Robert F. Kennedy Youth Center, Morgantown, West Virginia.

The studies and analysis are not complete, but preliminary data released at O.H. Close indicates the use of TA is especially effective in groups and when used by all the people surrounding the adolescent.

T.A. is used extensively in the therapeutic community at the U.S. Penitentiary, Marion, Illinois. Dr. Martin Groder, psychiatrist, at the prison, has developed the concept of script analysis which includes a detailed study of significant relationships, games, and patterns of life which the inmates follow. T.A. is used to help the men see what style of life has gotten them into prison and what changes they can make to get out and live a productive life. He uses Adult contracts, which he and other members of the group make with each other, to encourage changes in behavior. A contract is simply an agreement with other significant people to change certain behaviors. The others become a sort of conscience to remind the contract-maker of his contract and to mirror back to him his efforts to make the changes. The Minnesota Multiphasic

Personality Inventory (MMPI) was administered at the onset of the counseling relationship and the student was placed in a Behavior Category in accordance with the technique of Differential Treatment (Bureau of Prisons, 1970) being employed by the Delinquency Intervention Project. A post-test was administered at the close of the counseling relationship and changes from pre to post test were evaluated.

C. Hypothesis

My hypotheses in beginning this treatment is that the teaching and use of T.A.; i.e., the confrontation of destructive behavior, and the forming of contracts will result in the client (1) responding more positively to the opinions of others (2) considering and developing responsible study habits (3) finding and keeping a job and using the money he earns to his satisfaction (4) demonstrating an improved self-concept in his discussion of transactions with others (5) seeking positive strokes from others in a straightforward relationship and, (6) evaluating his week-end drinking and considering alternative entertainment.

II. METHOD

A. Description of the Subject and His Situation

This 16 year old, white, male, junior, lives with his mother, a brother 10 months older, three younger siblings and has been on ADC most of his life. He competes for his share of the food, clothing, and attention with the assumption from long experience that there will not be enough. He is angry with the world, rebels against pressure to conform or perform and competes unsuccessfully with his slightly older brother for the car, girl friends, and stature among peers.

The client deeply resents his grandmother (his awol father's mother) but actively seeks his grandfather's attention. Frequent trips to grandparents accentuate his feelings of inadequacy and rejection. He responds by acting very inept and withdrawing-pretending he does not care that they favor the older, stronger brother, and feminine little sisters.

B. Description of the Counseling Setting

The client attended counseling sessions faithfully and eagerly in the annex near the high school. The counselor used a tape recorder,

some print-outs on T.A., some group involvement, script analysis questionnaires, and private consultation. The client also voluntarily attended a conference on youth at a nearby university with the counselor.

C. Procedures Used in Treatment

Counseling sessions began with a free discussion of whatever concerned the client, with some attempt by the counselor to open up discussion on issues that seemed to concern the client most. The first two weeks, the client verbalized easily about his hostility toward his ADC status, his conflict with his older brother, his lack of money, his poor performance in school and his lack of any positive relationship with girls.

The client soon reached the limit of his self revelation. He apparently felt that the counselor was getting too much data on him. He began to throw the responsibility for direction back on the counselor. The subject seemed to want to know where the counselor was going so he could defend himself.

The counselor secured a contract with the client to study T.A. The basic concepts were taught and personal illustrations were drawn from the client to demonstrate his understanding of the concept. For example, he was asked to give an example of someone communicating out of his Parent Ego state, then out of his Adult and out of his Child. Special encouragement was given to analyze the transactions between the client and counselor.

As a part of the contract to study T.A., the client was paid \$.50 an hour. This relieved some financial need and increased the client's enjoyment of the counseling sessions. Later additional money was offered for pursuing a job and achieving certain levels of advancement in course work. The emphasis was upon making contracts and following through on them.

As the client began to accept his role in some destructive games, contracts were made to knock off such games as "If it weren't for you," "blemish," and "poor little me." "I'm just a dumb kid."

The client responded strongly to reactions from a member of the therapeutic community, a prisoner at the Marion Federal Penitentiary who had been supervising the counselor's tape. The prisoner T.A. specialist reinforced the work of the counselor by pointing strongly to the destructive nature of the student's transactions with others. He communicated confidence that the client could change and encouraged him to make the necessary changes.

One session was devoted exclusively to a script analysis. The client's favorite story was Jack and the Bean Stalk. His telling the story emphasized Jack's foolish speculation in purchasing the beans, the angry Mother, the hope of finding riches without working for them, and the constant threat of being caught. All of these points stand out in the client's own life as if he were living out the story.

Toward the end of the school year, the subject was offered the alternatives of either continuing or terminating the counseling relationship. After a week of consideration, the client accepted the alternative that the counseling sessions be discontinued. Additional contact occurred several times before school ended with the client making the contact

and indicating the desire for a continuing relationship without dependence. In general, the counselor helped to make the student aware of his life style by the use of T.A. and aided the youth in choosing and developing more appropriate behaviors.

Regular notes were kept of the interviews as well as tapes. Particular note was made of contracts, and the student's effectiveness in initiating and keeping contracts, of data that could be used to press for a contract.

The MMPI was again administered after counseling sessions were discontinued. The data was studied to determine what effect the subjectively observed changes caused in this test performance on the key points of Ego Strength (ES), Anxiety (AI), Ego Defensiveness (ED) and Dissimulation (DS) on the research scales.

Subjective data was collected to test the hypotheses stated earlier. Special attention was given to his discussion of transactions with others, his attitude toward criticism leveled at him by teachers and the counselor, his consideration of study habits and results in grades, his efforts to find and keep a job and spend the money to his satisfaction, his concept of himself as revealed in

discussions of himself in various settings and the way he relates to the counselor, to teachers and to other significant people. Some note was also made of his discussion of week-end drinking patterns.

D. Results of the Counseling Relationship

The counselor observed significant change in the client's ability to accept confrontation without retreating to his role of "poor little boy." He accepted criticism of others without retreating or discounting it. He seemed to be accurate in recognizing instances when criticism was an expression of another person's problem in relating rather than his own. In these situations, he demonstrated insight and acceptance of the peculiarities and problems of others. He had previously felt terribly put down by similar incidents.

The client made three contracts with potential employees, evaluated these contacts in terms of his behavior and the behavior of the person interviewing him. He secured a job, filled the terms of the job until the season for stoking coal ended, and used the money to pay some debts, make some desired purchases, and save several dollars. He also secured a job working with his grandfather for the summer and

seemed very pleased to fill this adult role with his grandfather.

The client moved from a position toward studies which denied his brilliant intellect. He had previously avoided doing the necessary work and study for fear that he would be sent away to a "funny farm" for children who were too smart. He made "A"s in Data processing and really enjoyed it. He pulled up all his grades to at least a "C" except English which he had been failing by total neglect. He finally agreed to do enough work to pass with a "D" which he did. He had been as determined not to study as the counselor was that he put out some effort.

Many of the client's transactions were characterized by the "what do you expect of a poor little fellow like me" attitude. He had illustrated this in a story about sitting miserably under his grandfather's wagon while his slightly older brother helped his father on the farm. At the end of counseling, he agreed to act like a 16 year old and ended the year by getting the above-mentioned job with his grandfather for the summer. His attitude was "Can you use a 16

year old on the farm"? His grandfather reinforced this progress significantly by hiring him.

The client's attitude about the counseling relationship changed significantly during the course of the year. This change reflected an improved self image. At the beginning he was a compliant child who was cleverly trying to manipulate the unwilling and unwary adult to achieve some attention. The client sought in many ways to get approval or to arouse rejection.

This technique was no longer needed by the client at the end of the counseling sessions as demonstrated by the client's willingness to discontinue the sessions and by his attitude of friendship but independence in the relationship. He also established similar relationships with his mother and brother.

No further drinking episodes were reported after being confronted by both the counselor and the prisoner therapist. This may be the result of discontinuing the drinking, but there is no proof of this. The client did not make a contract to stop drinking.

These subjectively observed changes were reflected to some extent in the changes on the MMPI research scales from pre-to post testing. For example, the

Anxiety Index (AI) score dropped from 44 to 37 indicating that the subject is much less anxious in dealing with life situations, and his ego strength improved somewhat indicating a better acceptance of himself.

III. DICUSSION AND CONCLUSION

It is the counselor's judgement from the objective data and his evaluation of the client's ability to accept responsibility, make and keep contracts, and independence in the counseling relationship at the end of the year that the client benefited from the use of transactional analysis and the counseling relationship.

Specifically the client learned the basic concepts of T.A., accepted confrontation on destructive behavior, formed contracts, secured a job, kept it until the job ended, used his money to his satisfaction, indicated acceptance of his responsibility for the judgment which others made of him, studied sufficiently to make improved grades, planned an ambitious schedule for his senior year, and manifested wholesome independence by breaking off the counseling relationship.

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VII Discussion

In the last analysis I suppose that the most important factor to consider in an action research project is accountability. Did the project accomplish or at least approach what it set out to accomplish? I am happy to report that the Delinquency Intervention Project did a respectable job of reaching or approaching its objectives. The project has identified some educational needs of the dropout-prone student; it has designed and tested educational strategies that will cause the youth to become aware of the educational and vocational alternatives that are open to him. The project provided a setting wherein university graduate students in the behavioral and social sciences had the opportunity to interact with delinquent or pre-delinquent youths in an attempt to rehabilitate them; consequently the graduate student received a valuable training experience. The influence that the project had on the high school system was that it tended to educate the high school staff with regard to the more recent methods of approaching the problem of delinquency.

Fortunately, the setting of this project was within a relatively progressive and enlightened high school system. The Carbondale High School administration and many of the

teachers are sincerely active in upgrading the educational process. It is the intention of this report, however, to influence school systems elsewhere to experiment with the processes presented here. Consequently I take this opportunity to depart from a specific discussion of this project and its setting in order to present some general impressions that may be useful to others.

I believe that educating, or perhaps enlightening, the high school staff and administration concerning progressive methods of education and treatment of the potential offender is perhaps the most important factor in correcting the problem of delinquency in the school. In a former section of this writing, I quoted from a President's Commission Task Force Report concerning the importance of how teachers respond to early signs of misbehavior. "...Some (teachers) especially sensitive to what lies behind insolence and disobedience, adopt a firm but positive attitude that allows the task of learning to be carried on, if not always under placid conditions."

The phrase "if not always under placid conditions," raises an interesting question. I could relate numerous anecdotes wherein well-meaning but misguided teachers and parents have contributed to the problem of acting-out

behavior among some youths. Sometimes we become part of the problem and not part of the solution. The forms that dysfunctional behavior on the part of parents, teachers and counselors become manifest are replete. However much of this dysfunctional behavior can be grouped under one general principal. That principal is the control of appearances.

It was Machiavelli who said "... for the great majority of mankind are satisfied with appearances, as though they were realities, and are often more influenced by things that seem than by those that are."

I believe that the need to control appearances arises from some sort of insecurity operating in us. The classical example is, of course, the teacher who is deluded into believing that learning can only occur when the students are sitting in a quiet and what appears to be an attentive posture as the teacher professes his or her wisdom. Moreover, it is sad that many school administrators maintain a similar value system and consequently judge a teacher's competence according to such values. I have often been amazed as I witness the vast quantities of time and energy that are sometimes syphoned off in order to control appearances that have nothing whatever to do with education. I am amazed because it seems obvious that one could do a proper

job of educating the young with a fraction of the time and energy that is expended to control appearances. There is a catch however. Doing a proper job of education requires self confidence, organization and competence.

Although many educators are exceedingly competent, the educational system does not seem to establish feelings of confidence and security among many teachers. My recommendation to correct this situation is that we must come to understand and accept the fact that learning can and does occur under a variety of conditions and not always, perhaps never, under placid conditions.

The adolescent growing in today's environment must meet a variety of challenges indeed. The unique characteristic of the neurotic problems of our times are those of a sense of emptiness, of uncertainty as to the very nature of one's being. We suffer existential anxiety. The world of reality is replete with inconsistencies, irresponsibility, and threatening conditions of all sorts. War, pollution, crime and greed threaten the very existence of the human race. As the outer world becomes more and more "unreal" from a humanistic point of view, positive reality--if it is to be sensed at all--must be sensed within. This places a considerable burden on an education toward individual development.

If a person is to survive in our times he must "get it together"; he must become a self-actualizing individual.

This ability to experience oneself as a self-affirmed person is probably a function of making accurate discriminations concerning what's important; what is meaningful to the growth and survival of the human spirit in general; which of these factors apply to one's individual growth? These are the questions that a well adjusted person may ask himself in order to formulate a life style. In order to arrive at a successful life style the young person must be given the opportunity to experiment with his world. He must affirm himself when necessary. Self assertion in learning is hardly possible when one is expected to conform to quiescent repose as the teacher professes.

In a recent conference on education, Rollo May (1971) discussed the topic "Violence and Education." Dr. May stated that when emotional development goes awry, and the individual is robbed of his chance to affirm, and to assert himself when necessary, he moves into aggression. When his aggression is blocked over a period of time, he moves into violence. These are problems that education can and ought to deal with. Education is engaged in influencing the society so that the individual will experience himself as a

self-affirmed person. Education should develop the competence of the young person to affirm himself despite the transitional society in which we live. A problem arises when we as teachers or parents do not approve of the young person's attempts at self assertion. And this brings up the question of values.

Our culture has a tendency to maintain certain values that are no longer appropriate to the times. In his book Culture Against Man, Jules Henry has brought the problem of values into sharp focus. In a one hundred page chapter on the American high school he reports how certain values held by the community are subtly imposed on the high school and its students. Such values are often quite arbitrary, have nothing whatever to do with growth and education, and frequently are a crippling experience for the student. The result is that the system which imposes arbitrary values on its young, produces many dull, inarticulate superficial people.

If we as educators wish to nurture an enlightened generation, we must become secure enough within ourselves to examine our values and permit the youth to reject those values that may not be appropriate to the world that they must live in. We must provide the kind of guidance which

allows the young person to experience himself as a self-affirmed person. Education should develop his capacity to assert himself when necessary.

The concept presented here may threaten or even frighten the autocratic personalities among us. Nevertheless they are ideas whose time has come.

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APPENDIX I

PROGRESS REPORT FORM

1. High School student's name _____.
2. Grad student's name _____.
3. Date, time, and place of meeting:
4. Climate of Relationship (temperament of counselor and counselee):
5. Variables being considered (what specific behaviors are you primarily concerned with and how are you measuring them)?
6. New information (state in behavioral terms):
 - a. Discoveries you made concerning student
 - b. Disclosures made by the student
 - c. Resources that were employed (public agencies; individual consultants; equipment; environments or materials).
7. General impressions (on the back of this sheet, state conclusions, drawn from above mentioned data.

APPENDIX II

MMPI Scale Interpretation of Those Scales Subjected To Multiple Linear Regression Analysis

1. The MI scale proports to be a much needed simplification for appraising the degree of basic anxiety.... One is able to obtain from the MI scale a global view of the organismic stress or conflict--an "emotional temperature". As a high fever is one of the vital indexes of physical disorders, a high MI score is a "red flag" for emotional disturbance to alert the clinician that further studies are indicated. Normal range is MI 65 to 89. Scores higher than 100 reflect increasing degrees of functional difficulty.

2. Scale 4 (Pd). Scale 4 measures the similarity of the subject to a group of persons whose main difficulty lies in the absence of deep emotional response, the inability to profit from experience, and their disregard for social mores. Peak 4 profiles even though not absolutely elevated, may indicate some lack of social conformity or self-control and a persistent tendency to get into scrapes or depart from conventional behavior... Peak 4 combined with scales 3, 8 and particularly 9 increases the delinquency tendency... Among adolescents, high 4's (often combined with scales 8 or 9) reflect rebelliousness rather than acting out of base impulses, hostility toward parents whom they blame for their problems, indecision about vocational choices and unstable long range goals. Normal range is approximately T = 40 to T = 60.

3. Scale 8 (Sc). Scale 8 measures the similarity of the subject's responses to those patients who are characterized by bizarre and unusual behavior... When Scale 8 (or 9) is paired with a high 4, this code among teenagers is frequently associated with delinquency, usually the result of ineptness, misunderstanding, emotional conflicts, or simply following the gang. Family problems, sexual confusion, and difficulty with authority are typical. Normal range is approximately T = 40 to T = 60.

4. Scale 9 (Ma). This scale measures the tendency in a subject to escape from conflict by a "flight into reality" characterized by marked over productivity in thought and action. The subject completely lacks impulse control and attempts to brush aside with scornful aggressiveness the slightest opposition from the environment... The delinquent with a high 9 score and a lower 4 appears more likely to benefit from counseling and being given "another chance" than when scale 4 is very high. Scale 9 paired with a high 4, among teenagers, is frequently associated with delinquency. Normal range is approximately $T = 40$ to $T = 60$.

APPENDIX III

Counselors Evaluation of the
Project As A Learning Experience

AN EVALUATION OF THE DELINQUENCY INTERVENTION EXPERIENCE

I served as a graduate assistant from February to December of 1969 in the Delinquency Intervention Program. In retrospect I view my experience in this program as having been, by and large, most rewarding to me professionally. I would like to briefly focus upon four aspects of this experience which I consider as having most influenced my professional growth. These are my encounters with the high school students served by the project, my experience working with the high school staff, the advantages of working at a multi-disciplinary center, and most importantly the opportunity to further develop my own ideas.

Having recently received my undergraduate degree in psychology I had a number of notions about delinquency and how to deal with it. Being full of ideas and very little practical experience I felt that individual counseling was the best way to deal with "delinquents". So when I met my first "counselee" I was eager to "cure" him. I struggled through finding out that you cannot help someone that doesn't feel they have a problem, but yet feeling some responsibility to see that for his own sake and for others he best not continue to cause so many problems. After sharing my experience during our weekly training meetings I began learning and continued to learn such important realities which include: youth who create problems for the school are not necessarily "sick"; there are as many different types of delinquents as there are people; if I want to help I had better not try to do something to someone but with them. Thus, there were many things I learned about dealing with students who caused problems for the high school. Also, I had many encounters with the high school students in general and it was just plain fun to interact with a group that I not too long ago had been a part of.

Working with the students served by the project involved a coordinated effort with the high school staff. This afforded me many opportunities to observe how things are actually handled administratively--how discipline is accorded and how the sometimes antagonistic functions of being "in charge of" and instructing are carried out. Most interesting to me were the duties of the high school counselors and school psychologist. Since an emphasis was placed on the relation between the project staff and high school staff there was good rapport between the two. I thus had many opportunities to interact with the staff, to exchange values and ideas and to learn about their duties. In sum, I developed much insight into the actual working structure of the high school.

The more that one becomes specialized, the easier it is to become separated from other disciplines to the point of feeling that all of the answers can be found in one's own field of study. Since the Crime Center is a multi-disciplinary one, there were many opportunities to draw from other fields of study. Working together with students in other disciplines was of great value. I think the fact that the project included graduate students from other fields of study was one of the most rewarding aspects of my experience.

Finally, the opportunity to further develop my own interest was of great value to me. While I was in the project I wrote an extensive instructional paper on drug usage and a proposal for a drug education program. Here I was able to both review the literature relevant to these projects and also to talk with many of the high school students and staff about their needs regarding a drug education program. I am most grateful for the encouragement I got from the project director, Richard Pooley. This was not the type of training experience in which I was told what to do and how to do it.

In sum, I consider my experience with the Delinquency Intervention Program to have been most worthwhile. Of course, like all training experiences it had its bad point too, but I consider them to be minor in nature and to be far outweighed by the projects positive qualities. Relative to the other training assignments I have had thus far, I view this one to have been uniquely and diversely rewarding.

Michael E. Althoff
V. A. Hospital
Psychology Service
Danville, Illinois
August, 1971

PROJECT EVALUATION

At present I am a graduate student in the clinical psychology program at Southern Illinois University. As part of my training to become a clinical psychologist, I work in the Delinquency Intervention Project (D.I.P.). This part of my training has been most valuable to me.

The Delinquency Intervention Project has given me experience as a counselor and as a researcher. My role as a researcher has been secondary to the prime role as counselor. Nevertheless, I have been made aware through the project's emphasis on research, that I must test my own counseling techniques. The project fosters this by having the counselors pre-test and post-test all counselees. In addition, brief records on each counseling session were required. These fostered my awareness of progress and regress in a continuing experiment testing my counseling techniques with a particular case.

In my primary role as a counselor I have gained valuable experience. I have had the opportunity to work with a variety of problem adolescents. Most of my fellow graduate students have not had an opportunity to work with this age group as their counseling is limited to clinic cases: primarily university students. I have been able to work with clients in this unique age group and to deal with their unique problems. Through the project I have been able to try a number of counseling techniques suggested for different kinds of problem adolescents. I have been able to use Rogerian techniques, behavior modification techniques and transactional analysis techniques. I have also been able to measure my effectiveness with each technique.

Another valuable learning area has been my interaction with the school system. As a counselor I have had to develop relationships with a variety of school personnel. My informal contacts with school psychologists, teachers, administrators, and guidance counselors has been educative in that I have learned from their accounts of experiences with students. On a more formal level I have learned how to become part of a system and to function smoothly with the other members of that system.

In summary, this project has been a most pertinent part of my training. The D.I.P. made possible a variety of relevant educational experiences that were not otherwise available. I was given the opportunity to counsel adolescents and test the effectiveness of my work without a structural program. Moreover D.I. P. provided a reality setting where in we had functional contact with a high school system in order to test and measure a variety of counseling strategies.

AN EVALUATION OF D.I.P.

My past experiences in working as a social worker were limited to those persons who were experiencing problems as a result primarily of economic dependency. While working with the Delinquency Intervention Project (D.I.P.), I was able to broaden my experiences in counseling to include more normal settings. Working directly in and with the high school was new to me. While working with D.I.P., I was completing training as a school guidance counselor. The project gave me an opportunity to receive school experience in intensive counseling that was more in depth than I would have received if I merely went through the normal guidance curriculum.

The normal guidance curriculum limits a student to such an extent that it is usually rather rare to have extended individual counseling experiences. The D.I.P. project enabled me to coordinate new counseling techniques that I had never used before and analyze their effectiveness. My experiences with behavior modification were gratifying and useful.

Problems that an outside project such as this will experience in working within a school system were also evident. The coordination of activities of other counselors as well as school personnel can be extremely difficult and takes a great deal of effort on both sides to be successful.

Many of the gains that one makes while participating in such a project are hard to measure or explain. My self-confidence in working and counseling with others has been increased substantially. The students we worked with all gained from our presence, although some gained more than others.

I feel that I have benefited more from what I have learned while working with the project than from what I was paid. In fact, the learning was my highest payment.

H. T. Cardwell
Carbondale, Illinois
June, 1971

THE DELINQUENCY INTERVENTION PROJECT --
AN EDUCATIONALLY PROFITABLE LEARNING EXPERIENCE

As a graduate student in the Rehabilitation Institute, I participated in the Delinquency Intervention Project (D.I.P.) for approximately 1½ years. My work with the project youth was undoubtedly an educationally profitable experience for me. My primary area of interest is in the field of corrections -- presently, I am employed as a counseling psychologist at the Marion Federal Penitentiary. The practical, on-the-job training which I received as a counselor with the D.I.P., I'm sure, played an important part in my decision to pursue a career in corrections and accept a position with the Bureau of Prisons.

I am convinced, as a result of my work with the D.I.P., that one of the most important aspects in correction of the public offender is in the area of prevention. In dealing with the pre-delinquent young people assigned to me through the D.I.P., I gained not only experience, but new understanding and insights into the cause and effect relationships of crime and criminal in our society. By learning to recognize the early signs of delinquency-proneness, and from having the opportunity to deal with these high school students, I developed new avenues of thinking and new skills which will be especially valuable to me in my work.

My caseload offered me the chance to develop my counseling skills both on the one-to-one level and in the group setting. I also became acquainted with a number of local professionals in various fields directly and indirectly related to corrections. These contacts opened many new doors to me -- I became aware of such things as community agencies, new research in the field, other referral sources, and so on.

It would be impossible for me to elaborate in this short paper on the many contributions the project made to my professional growth and competency, so I will close by saying that I am particularly grateful for the opportunity I had to be a part of this very significant project.

Frederick K. Harrison
Counseling Psychologist
Marion Federal Penitentiary
June, 1971

THE EDUCATIONAL VALUE OF THE
DELINQUENCY INTERVENTION PROJECT

As a graduate student (doctoral level) in Guidance and Educational Psychology, I consider my work with the Delinquency Intervention Project (D.I.P.) to be the most meaningful learning experience I have had in preparing for a career in working with juveniles.

In my opinion, there definitely is no substitute for practical experience. The D.I.P. has offered me a chance to get out in the field and do what I have been preparing myself in the classroom to be able to do. Within the structure of the project, I have been able to use my own initiative, be innovative, "do my own thing;" and, with the help of experienced, qualified people, evaluate objectively what I was doing and improve accordingly.

Not only did I have the opportunity to put into practice techniques, procedures, etc. with which I was already familiar, I was also exposed to new ideas and treatment methods, instructed in their use, and supervised in their implementation.

Besides my growth and development as a counselor, I have gained a new understanding of the type of student referred to as a juvenile delinquent--his problem, values, ideas, background, etc. I have also gained new insight into some of the incompatibilities which make it difficult for such a youth to adjust to the educational system as it is set up; and I have become aware of areas of both weakness and strength in the educational process. I now feel, as a result of my experience with the D.I.P., that I have a great deal to offer to any employer in the field.

In addition, I have been actively participating in the administration of a complicated research effort. I have learned enough, I think, about the research aspect, that I would no longer be afraid to attempt the researching of relevant questions which might confront me in the years ahead.

Finally, I would like to say that I strongly believe the D.I.P. has helped to make me not only more competent as a career person, but has offered me experiences which have made me a more well-rounded and capable individual in general.

Kristina Harrison
Carbondale, Illinois
June, 1971

EDUCATIONAL VALUE OF DELINQUENCY INTERVENTION PROJECT

My goals and career interests are in the field of the Administration of Justice. I hope to continue my education until I receive my Doctorate in this field. Specifically, my interests center around juvenile delinquency, its cause and cures.

This project has provided me with at least an introduction into some of the methods which can be utilized in dealing with youthful offenders. It has provided an introduction to the planning and implementation of a treatment strategy that will benefit both the offender and society as well.

Upon coming to this project in September of 1970, I was more research oriented than practice oriented. Upon assuming the caseload of a former project counselor, I became aware of the impact that research has on the practice of dealing with youthful offenders.

This project has created within me a better understanding of the methods for treating youthful offenders; it has given me a basic understanding of the development of tools for counseling; it has given me re-newed insights into the etiology of delinquent behaviors, and finally given me the opportunity to work with multi-disciplinary personnel in seeking solutions to youth problems.

I feel that I have learned more from this experience of actual participation in six months, than I could have learned from a theoretical course in a year. The problems encountered in the field, and the solutions I have been exposed to have served to make me more aware of the need for expanded practices research in this area.

Working with multi-disciplinary personnel in the project has given me at least a basic understanding of their methods and left me with a desire to learn more. It has also left me with the desire to re-examine my own goals in the light of others disciplines.

I feel that my training in the Administration of Justice, regardless of the position that I may assume in the future, will be affected significantly by what I have learned in this project.

Rod W. Parker
Carbondale, Illinois
July 1971

THE DELINQUENCY INTERVENTION PROJECT
AS A LEARNING EXPERIENCE

As a project member of the Delinquency Intervention Project, I was privileged to serve in what could be viewed as three distinct roles: administration, research, and counseling. Any of the three would provide a worthwhile contribution to one's education. The experience of all three roles has undoubtedly provided me with my most extensive educational experience to date, and has allowed me some insight into the goals each competent member of a project such as the D.I.P. must accomplish, and into the problems which may be obstacles to achieving those goals.

Obviously, one basic and essential function the project serves is as a vehicle for the application of principles of psychology in a "real world" setting. This is perhaps the greatest service, with all that it involves, rendered to the project member personally from an action oriented project. When this is coupled with a sense of achievement as well, the individual will no doubt maintain whatever behavior was ongoing. In addition, a multitude of smaller, yet vital, learning took place ranging from an appreciation of flexibility not only in experimental design, but in public relations, through the appreciation of organization and clear and free delegation of responsibility, to the appreciation of clearly specified and pre-planned behavioral goals for each member of the project and the clients as well. These, with their multiple facets, and numerous others provide a foundation which will not be discarded lightly in the course of continued activities with this project, the evaluation of other programs, and the design of future research.

Martin J. Pollack
Carbondale, Illinois
June, 1971

SIGNIFICANCE OF D.I.P. FOR ME

I see the Delinquency Intervention Project as a very significant experience in my life. For a whole year, I was "forced" to be fact-to-face with kids that I had been talking about helping, in theory, for years. I was forced to cope with my fears and certain kinds of dishonesty (like making promises idly and not keeping them). I found out once and for all that kids really demand that you be honest and "straight" with them. Of course, I always believed that, but I never really experienced having to do it on a regular basis. I learned a lot about dealing with good and bad staff at the high school, and I am not quite so impatient with some of the ineptitude that I witnessed. I learned to draw on a few solid sources for support and found that a lot could be accomplished by doing this. Working patiently and unthreateningly with some of the less-supportive staff seemed to balance out some of the blocks set up in terms of getting kids out of class, getting kids into different programs, etc., also.

I unfortunately found that I have very little to offer the kids I saw at the school. Their problems are deep in many cases and I really just had no answers. I became aware, on a first hand basis, of many of the conflicts of a generation that I didn't really know, despite the fact that I am only 24 years old. The project has resulted in my seeking more experiences and knowledge in the area, and I have, as a result of the project, begun to look for more community involvement than I ever would have before participating in it.

The project forced me to scrutinize exactly what I was doing in terms of therapy. I apparently had not done this very much before, and, I believe, had wasted a lot of my former client's time by not defining clearly, for myself, what my approach was going to be in a generalized way. Of course, I did this in an unconscious sort of way, but as I look back, I would have used perhaps more appropriate treatment strategies had I really analyzed the situation more "scientifically," if you will, more directly. Sometimes I think I didn't do this simply because I didn't know what I was doing, and I let myself "glide along," doing my "eclectic thing" rather than doing some research into past cases similar to mine. I have a desire to become more professional, and this desire stems in part from my experience with the project.

Sylvia Rochios
Carbondale, Illinois
June, 1971

EVALUATION OF THE DIP PROJECT

The Delinquency Intervention Project offered great potential for personal development, experience with teenagers, education in both counseling, research, and program development.

Some of this potential was realized. The opportunity to work closely with school administrators, guidance counselors and disciplinarians provided insights into the problem solving methods of one school system. The problem of correlating all the school resources was challenging and worth serious consideration.

The opportunity to relate to and work with disturbed teenagers was also realized. The clients shared a broad range of problems, perspectives and potential. I was able to use several counseling techniques, especially transactional analysis and to evaluate the efforts of the treatment methods.

I learned considerable lessons concerning the problems of collecting data and analyzing it. Exposure to the process of developing projects and programs has given me a basis for evaluating future programs.

As a middle manager of one phase of the project, I learned several things about relating to people. There is a need for clear lines of responsibility and authority. People need to know exactly what is expected of them. They require steady feedback with regard to their performance. This feedback must also reach the person who can make decisions and enforce them. Responsibility without authority is ineffective and only leads to confusion.

Some graduate students apparently did not understand or did not take the project seriously from a research point of view. Some neglected to turn in progress reports and gave the impression of not doing a conscientious job.

From my experience in working with the project director, I learned that a "soft" approach does not effect maximum performance from some people. It seems that very rigid controls in the beginning are necessary in order to initiate such a project.

All in all the experience of working with counselors, administrators and young people was inspiring and challenging. I would like to help develop programs that could be used in many communities to help prevent delinquency.

Arthur J. Williams
Carbondale, Illinois
July, 1971